

Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 4 - Provider Communications

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(Rev. 3, 12-09-03)

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10 - Introduction

(Rev. 1, 10-01-03)

This chapter contains general instructions and requirements for Medicare carriers, including DMERCs, and fiscal intermediaries (FIs) regarding provider communications, education, and training. Normally, the term “contractor” is used in this manual to mean any or all of these. If an instruction should apply to only one type of contractor, this will be specified.

20 – FI Provider Communications – Provider Education and Training

(Rev.3, 12-09-03)

A2-2965

This section and its related subsections apply only to FIs.

Sections 1816 (a) and 1842 (a)(3) of the Social Security Act (the Act) require that contractors serve as a channel of communication for information to and from providers. The fundamental goal of the CMS’ Provider Communications (PCOM) program (formerly Provider Education and Training, PET) is to give those who provide service to beneficiaries the information they need to understand the Medicare program so that, in the end, they manage Medicare related matters appropriately and bill correctly.

PCOM uses mass media, such as print, Internet, satellite networks, and other technologies, face-to-face instruction, and presentations in classrooms and other settings, to meet the needs of Medicare providers for timely, accurate, and understandable Medicare information.

PCOM is directed at educating providers and their staffs about fundamental Medicare programs and policies, new Medicare initiatives, and significant changes to the Medicare program. These efforts are aimed at reducing the number of provider inquiries and claim submission errors. Unlike Local Provider Education and Training (LPET), PCOM, for the most part, is not targeted to individual providers or limited and confined problems or errors. PCOM is instead designed to be broader in nature so as to meet the basic informational needs of Medicare providers, plus have a unique focus upon training and consulting for new Medicare providers as well. The scope of PCOM is to identify and address issues that are of concern to the broad provider audience.

20.1 - Provider Communications – Program Elements

(Rev. 3, 12-09-03)

A2-2965.A

The FI is required to implement the basic requirements for PCOM stated herein. The intermediary is also required to meet budget and performance requirements (BPRs) for this program issued each fiscal year that provide additional guidance on the program.

The FI reports costs and workload data for the PCOM program according to the prescribed CAFM activity codes.

20.1.1 - Provider Service Plan (PSP)

(Rev. 3, 12-09-03)

The FI is required to prepare and submit a PSP annually. The PSP must address the FI's overall plans for implementing the provider communications program in the forthcoming fiscal year. The PSP outlines the strategies, projected activities, efforts, and approaches that will be used during the year to support provider communications. The PSP must address and support all the activities stated herein as well as all required activities stated in the yearly BPRs for this program.

The Plan must include how the following elements of the PCOM program, described hereafter, will be met, and note, when appropriate, how many events, occurrences or other happenings are planned or anticipated for these elements (e.g., the number of workshops, seminars, speeches, frequency of bulletins, number distributed, number of partnerships with external entities, number of times listserv(s) used, etc.):

- *Provider Inquiry Analysis,*
- *Provider Data Analysis,*
- *Seminars/Workshops/Educational Events,*
- *Provider Communications Advisory Group,*
- *Bulletins/Newsletters,*
- *New Technologies/Electronic Media, and*
- *Promoting Beneficiary Use of Preventive Benefits Through Provider Education Activities.*

A draft or preliminary PSP should be sent at the time the FI submits its annual budget request to its Regional Office (RO) PSP coordinator or contact for review. A final PSP should be sent by October 31, to the FI's RO PSP coordinator and to CMS Central Office (CO). Plans sent to CO should be addressed to:

*Centers for Medicare & Medicaid Services
Center for Medicare Management
Division of Contractor Provider Communications
Mail Stop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850.*

The FI provides the name, phone number, and mailing address of its PSP coordinator with its PSP.

20.1.2 - Provider Inquiry Analysis

(Rev. 3, 12-09-03)

The FI must maintain a provider inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) and areas of concern/confusion for providers. The FI uses an organized, consistent, systematic and reproducible process to generate the most frequently asked questions. The FI describes this process in the PSP.

Outreach and educational efforts must be developed and implemented to address the needs of providers as identified by this program.

20.1.3 - Provider Data Analysis

(Rev. 3, 12-09-03)

FI's must maintain a provider data analysis program that will produce a monthly list of the most frequent, collective claims submission errors from all providers. Claims submission errors result in rejected, denied, or incorrectly paid claims. Outreach and educational efforts must be developed and implemented to address the needs of providers as identified by this program.

20.1.4 - Provider Communications Advisory Group

(Rev. 3, 12-09-03)

FI's must support and maintain a PCOM Advisory Group (formerly referred to as the PET Advisory Group). This group should generally convene quarterly, but at a minimum, meet three times per year, and will provide advice and recommendations to the FI on provider communications matters.

A - Purpose of PCOM Advisory Groups

The primary function of the PCOM Advisory Group is to assist the FI in the creation, implementation, and review of provider education strategies and efforts. The PCOM Advisory Group provides input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies salient provider education issues, and recommends effective means of information dissemination to all appropriate providers and their staff. The PCOM Advisory Group should be used as a provider education consultant resource, and not as an approval or sanctioning authority.

While it remains allowable for the FI to use PCOM Advisory Groups to provide updates and facilitate discussion on current issues, the focus of the group meetings should remain centered on the development and implementation of effective provider communication materials and strategies.

B - Composition of PCOM Advisory Group

The FI should strive to maintain professional and geographic diversity within its PCOM advisory groups. The FI should attempt to include representatives of various provider specialties serviced including state and local trade and professional associations, practicing providers or staff members they deem appropriate, and representatives of billing organizations. Providers from different geographic areas, as well as from urban and rural locales, should be represented in any PCOM Advisory Group. The FI should consider inviting representatives of Quality Improvement Organizations (QIOs) from its area to participate in PCOM Advisory Group meetings.

The FI should consider having more than one PCOM Advisory Group when the breadth of its geographic service area, or range of the providers serviced, diminishes the practicality and effectiveness of having a single PCOM Advisory Group. For further

guidance on this issue, the FI should contact its regional office PCOM or provider education and training (PET) Coordinator.

C - The FI Role

The FI should maintain the PCOM Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare FIs to allow outside organizations to operate the PCOM Advisory Group. After soliciting suggestions from the provider community, the FI should select the appropriate individuals and organizations to be included in the group. The main point of contact for all PCOM Advisory Group communication should be within the FI's PCOM, PET, or similar department. At a minimum, the FI is responsible for recruiting potential members, setting-up and arranging all meetings, handling meeting logistics, producing and distributing an agenda, completing and distributing minutes, and keeping adequate records of the advisory group's proceedings.

Medicare FIs having more than one kind of Medicare contract (e.g., intermediary, Part B carrier, DMERC, rural home health intermediary, etc.) are required to have separate PCOM advisory groups for each kind of Medicare contract. It is also impermissible for FIs having geographic proximity or overlap with one another to share a PCOM Advisory Group. Each FI must have its own separate group. FIs shall not reimburse or charge a fee to group members for membership or for costs associated with serving on a PCOM Advisory Group. FIs are required to notify their CMS regional office PET or PCOM coordinator of the schedule and location of PCOM Advisory Group meetings.

The FI is expected to consider the suggestions and recommendations of the PCOM Advisory Group, and implement or enact them if it deems them reasonable, practicable, and within its provider communications program requirements and budget constraints. After consideration, must explain to the group reasons for not implementing or adopting any group suggestions or recommendations.

D - Meeting Specifics

An FI may hold PCOM Advisory Groups in-person or via teleconferencing. The CMS recommends that the FI holds at least one meeting per calendar year with group members in-person. Teleconferencing should be made available to Advisory Group members who cannot be present for any meeting. The FI should also have a specific area on its Web site that allows providers to access information about the PCOM Advisory Group (minutes from meetings, list of organizations or entities comprising the PCOM Advisory Group, an e-mail address for a contact point and for further information on the PCOM Advisory Group, etc.). This area of the FI's Web site should be operational by March 31, 2003. The FI notifies its PCOM Advisory Group members that information about their participation on the Advisory Group may be on the Web site. The FI consults with its CMS regional office PET or PCOM coordinator if a member has objections, and on ways to mitigate them.

Meeting agendas, which include discussion topics garnered from solicitation of group members, should be distributed to all members of the group and the CMS regional office PET or PCOM coordinator at least 2 business days prior to any meeting. After each

meeting, minutes should be disseminated within 7 business days to all group members and others who request them.

E - Relationship to Other FI Advisory Groups

PCOM advisory groups operate independently from other existing FI advisory committees. While a PCOM Advisory Group may, at its discretion, share information with other advisory groups, the PCOM Advisory Group does not need the approval, authorization or input from any other entity for its advice, recommendations, or issuances. While an individual PCOM Advisory Group member can be a member of another FI advisory committee, the majority of PCOM Advisory Group members should not be current members of any other FI advisory group.

For more information or specific guidance on any of the above issues, the FI contacts its regional office PET or PCOM coordinator.

20.1.5 - Bulletins/Newsletters

(Rev. 3, 12-09-03)

*Print and distribute regular provider bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible and cost-effective, stop sending regular bulletins to providers with no billing activity in the previous 12 months. Newly created bulletins/newsletters must be posted on the FI's Web site. All printed bulletins/newsletters must have either a header or footer in boldface type within the first three pages that states the following: "**This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members of the Provider Staff. Bulletins Are Available at No Cost from Our Web Site [Insert FI Web Site Address].**"*

The FI encourages providers to obtain electronic copies of bulletins/newsletters and other notices through its Web site. If providers are interested in obtaining additional paper copies on a regular basis, FIs are permitted to charge a fee for this. The subscription fee should be "fair and reasonable" and based on the cost of producing and mailing the publication. A charge may also be assessed to any provider who requests additional single paper copies.

20.1.6 - Seminars/Workshops/Teleconferences

(Rev. 3, 12-09-03)

The FI holds seminars, workshops, classes, or other face-to-face meetings, to educate and train providers about the Medicare program and billing issues. Whenever feasible, activities should be coordinated with other regional Medicare FIs, including quality improvement organizations (QIOs), other carriers and intermediaries, State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks as well as interested groups, organizations, and CMS partners in its service area. Develop, and implement whenever practicable, effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments, pre- and post-testing at workshops and seminars, and other feedback mechanisms.

Whenever feasible, hold teleconferences to address and resolve inquiries from providers as a method to reach a broad audience. If facilities permit, the FI should host Medicare Learning Network (MLN) satellite broadcasts for providers in its service area.

20.1.7 - New Technologies/Electronic Media

(Rev. 3, 12-09-03)

FI's must use new technologies and electronic media as an efficient, timely and cost-effective means of disseminating Medicare provider information to the audiences they serve.

A - Provider Education Web Site

Maintain a Web site that is dedicated to furnishing providers with timely, accessible, and understandable Medicare program information. To reduce costs, Web sites should fit into existing infrastructure and use existing resource technologies whenever possible.

This Web site must comply with "Contractor Website Standards and Guidelines" posted at <http://cms.hhs.gov/about/web/contractors.asp> and must be compatible with multiple browsers. Periodically the FI reviews the "Web site Standards and Guidelines" to determine its continued compliance. During the first three months of each calendar year, the FI sends a signed and dated statement to its RO PCOM or PET Coordinator attesting to whether its Web site continues to comply with these guidelines and whether it is compatible with multiple browsers. The person in the FI's organization who has authority over the Web site should sign the attestation statement.

The FI's Provider Outreach Web site must contain the following:

- *All newly created provider bulletins/newsletters;*
- *A schedule of upcoming events (e.g., seminars, workshops, fairs.);*
- *Ability to register for seminars and other events via the Web site;*
- *Search engine functionality;*
- *Features that permit providers to download and save copies of bulletins, training materials, schedules of upcoming events, and other items;*
- *A "What's New" or similarly titled section that contains newsworthy and important information that is of an immediate or time sensitive nature to Medicare providers;*
- *E-mail based support/help/customer service;*
- *A listing of FAQs/areas of concern updated quarterly as evidenced through the FI's inquiry analysis program; and*
- *Information for providers on how to submit claims electronically.*

The FI's Provider Outreach Web site must link to:

- *The Medicare program Web site at: <http://cms.hhs.gov/>;*
- *The MLN at: <http://cms.hhs.gov/medlearn>;*

- *The site for downloading CMS publications at <http://cms.hhs.gov/publications/>;*
- *The site for downloading CMS manuals and transmittals at <http://cms.hhs.gov/manuals/transmittals/>; and*
- *Other CMS Medicare FIs, partners, QIOs, and other sites that may be useful to providers.*

1 - Directed Web Site/Bulletin Article

FIs often receive instructions from CMS to print a provider education article or other information in their provider bulletin or newsletter and also place it on their Web site. Unless specifically directed otherwise, the FI locates the article or information from CMS on the “What’s New” or similarly titled section of the its provider education Web site. Unless specifically directed otherwise, the article or information should be put on the FI’s Web site as soon as possible after receipt, and should remain on the Web site for 2 months, or until the bulletin or newsletter in which it is appearing is put on the FI’s Web site, whichever is later.

2 - Use of Current Procedural Terminology

Web sites must adhere to requirements stated in the Medicare Claims Processing Manual, Chapter 23, Subsection 20.7, regarding the use of current procedural terminology (CPT) codes and descriptions. During the first 3 months of each calendar year, the FI determines whether its Web site complies with requirements stated in this chapter and subsection of the Medicare Claims Processing Manual. A signed and dated attestation statement must be sent to the FI’s RO PSP or PET Coordinator. The person in the FI’s organization who has authority over the Web site should sign the attestation statement.

B - Electronic Mailing List/Listserv

Maintain at least one electronic mailing list, or listserv, to notify registrants via e-mail of important, time-sensitive Medicare program information, upcoming provider communications events, and other announcements necessitating immediate attention. At a minimum, the FI uses its electronic mailing lists to notify registrants of the availability of bulletins/newsletters or other important information on the FI’s Web site. Providers should be able to join the FI’s electronic mailing lists via the FI’s provider education Web site. Subscribers to the FI’s electronic mailing lists should also be able to initiate de-listing themselves via the Web site. The FI posts notices on its Web sites and in bulletins/newsletters that encourage subscription to the electronic mailing lists. The FI’s electronic mailing lists should be capable of accommodating all of its providers. It is recommended that the FI’s electronic mailing list(s) be constructed for only one-way communication, i.e., from the FI to subscribers. The FI is encouraged to offer multiple electronic mailing lists to accommodate the various providers served.

The FI is required to protect its electronic mailing list(s) addresses from unauthorized access or inappropriate usage. The FI’s electronic mailing lists, or any portions or information contained therein, should not be shared, sold or in any way transferred to any other organization or entity. In special or unique circumstances where such a transference or sharing of listserv information to another organization or entity is

deemed to be in the best interests of CMS or the Medicare program, the FI must first obtain express written permission of its CMS regional office PCOM or PSP Coordinator.

The FI maintains record of its electronic mailing list usage. These records should include when the electronic mailing list(s) were used, text of the messages sent, the number of subscribers transmitted to per usage, and the author of the message. Records should be kept for one year from the date of usage.

20.1.8 - Training of Providers in Electronic Claims Submission

(Rev. 3, 12-09-03)

Conduct training for provider staff in electronic claims submission. This may include, but is not limited to, activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare Electronic Data Interchange (EDI) transactions; use of new or updated Medicare software released during the year; and use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: *There are multiple sources of provider training requirements associated with EDI functions. The PCOM function covers providers in group settings rather than contact with individuals. PCOM covers newsletters, classes or outreach to groups of providers and their staff on Medicare coverage, billing and benefits of EDI. PCOM does not include instruction related to connectivity for individual providers or the resolution of connectivity problems.*

20.1.9 - Provider Education and Beneficiary Use of Preventive Benefits

(Rev. 3, 12-09-03)

Through the provider education activities, promote beneficiary use of preventive benefits as specified in the Balanced Budget Act of 1997, the Balanced Budget and Reconciliation Act of 1999, and the Benefits Improvement and Protection Act of 2000. These benefits include screening mammography and screening for colorectal, cervical, and prostate cancer.

20.1.10 - Internal Development of Provider Issues

(Rev. 3, 12-09-03)

Hold periodic meetings with staff in appropriate areas of the organization (including personnel responsible for medical review, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers to these other areas in the organization are communicated and shared with provider education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.

20.1.11 - Training of Provider Education Staff

(Rev. 3, 12-09-03)

Implement a developmental plan for training new provider education personnel, and periodically assessing the training needs of existing provider education staff. The plan, which must be written and available to the FI's provider education staff, should include

schedules, course or instruction vehicle descriptions, and satisfaction criteria. Training materials such as workbooks, manuals, and policy guidelines should always be readily available to the provider education staff.

20.2 - Provider Communications – Program Administration

(Rev. 3, 12-09-03)

A2-2965.B

20.2.1 - PSP Quarterly Activity Report

(Rev. 3, 12-09-03)

A2-2965.B.1

The FI is required to develop and submit PSP Quarterly Activity Reports (QAR) that summarizes and recounts the provider education and training activities for the previous quarter year. The FI uses its annual PSP, the Budget and Performance Requirements, and the provider communications program requirements herein to help formulate its QAR.

Reports must be submitted 30 days after the end of every quarter in the fiscal year. The deadlines for submitting the quarterly reports are as follows:

First quarter – January 31

Second quarter – April 30

Third quarter – July 31

Fourth quarter – October 31

The FI sends its QAR reports, either in hardcopy or electronically, to its RO PCOM or PSP coordinator, and to the CMS CO Provider Communications Regional Consortium staff under which the FI falls. (The e-mail address of the CO Consortium Liaison can be obtained from the FI's RO PSP coordinator.) Request an acknowledgement from the CMS recipient for any electronically submitted report. Hardcopy QAR reports sent to CO should be addressed to:

Centers for Medicare & Medicaid Services

Center for Medicare Management

Division of Contractor Provider Communications

Mail Stop C4-10-07

7500 Security Boulevard

Baltimore, Maryland 21244-1850.

The FI provides the name, phone number, and mailing address of the PSP coordinator for its organization on its QAR reports.

A - Format and Content of QAR

Report on provider communications activities using the following headings:

- 1. Inquiry and Data Analysis*
- 2. Pcom Advisory Group/ Participation in Recommended Educational Activities/Forums*
- 3. Bulletins/Newsletters*
- 4. Seminars/Workshops/Teleconferences*
- 5. New Technologies/Electronic Media*
- 6. Internal Staff Development/Plan To Strengthen the Quality of Written Communication*
- 7. Other Activities*

Use the following in formatting the QAR reports:

B - Cover Page

The cover page should contain the following information:

- FI Name/Type*
- FI Number*
- Reporting period (1st, 2nd, 3rd, or 4th quarter)*
- PSP Coordinators' Name/Phone Number/E-mail address*
- Date Submitted*
- Geographic Service Area (State)/Regional Office Affiliation*

Provider Communication Activities 1 – 7

Activity 1: Inquiry and Data Analysis

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings

- Top Ten Inquiries and Claim Submission Errors (table heading)*
- I (Inquiry)/CSE (Claim Submission Error)*
- Provider Specialty (optional field)*
- Number received*
- Action/Resolution*

Example

TOP TEN INQUIRIES AND CLAIMS SUBMISSION ERRORS (CSE)

TOP Ten Inquiries and CSE's	I /CSE	Provider Specialty	Number Received	Action taken/Resolution (if applicable)

Instructions for Completing Each Field:

1. Top Ten Inquiries and Claim Submission Errors

List the top 10 provider inquiries or frequently asked questions and the top 10 claim submission errors. This should include the top ten inquiries, and the top 10 ten claim submission errors, for a total of twenty entries in this column.

2. Inquiry/Claim Submission Errors

Identify the entry as either an inquiry (I), or a claim submission error (CSE).

3. Provider Specialty

List the provider specialty, if known. This is an optional field.

4. Number of inquiries or claim submission errors

Record the number for inquiries or claim submission errors received during the reporting period.

5. Action taken /Resolution

Indicate the provider communications or other action taken or soon to be taken. Indicate any resolution to the issue, if applicable.

Activity 2: Provider Communications Advisory Group/Participation In Recommended Educational Activities/Forums

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- PCOM Advisory Group/Related Activities (table heading)
- Activity
- Frequency
- Date
- Attachments

- *Comments*

Example

PCOM ADVISORY GROUP/RELATED ACTIVITIES

Activity	Frequency	Date	Attachments (Yes/No)	COMMENTS

Instructions for Completing Each Field:

1. Identification of Activity

Indicate the type of activity including those that resulted from recommendations of the advisory group (i.e., PCOM Advisory Group, Workshop, Seminar, Speech, other)

2. Frequency

Frequency means how often the event was held, (e.g., continuously, weekly, monthly, quarterly, annually)

3. Date

Indicate the specific date on which the activity occurred.

4. Attachments (Yes or No)

Indicate whether or not the attachment(s) (i.e., agenda, membership listing, minutes, action items, etc.) associated with the event/meeting, are included in the report.

5. Comments

List any appropriate comments related to a subcategory.

Activity 3: Issue Regular Bulletins/Newsletters

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- *Bulletins/Newsletters (table heading)*
- *Date Mailed*
- *Number of Hard Copies Mailed*
- *Major Topics Covered*

Example

BULLETINS/NEWSLETTERS

Bulletin/ Newsletter	Date Mailed	Number of Hard Copies Mailed	Major Topics Covered

Instructions for Completing Each Field:

1. Bulletin/Newsletter

Give the name of the bulletin/newsletter

2. Date Mailed

Give the date the newsletter/bulletin was mailed.

3. Number of Hard Copies Mailed

Indicate the number of paper copies mailed.

4. Major Topic Areas Covered

List 3-4 major topic areas covered.

Activity 4: Seminars/Workshops/Teleconferences

Specific Format Requirement:

Word Document or Spreadsheet

Spreadsheet Headings:

- *Seminars/Workshops/Teleconferences (table heading)*
- *Date*
- *Location*
- *Event Type*
- *Topic*
- *Target Audience*
- *Number of Participants*
- *Materials Distributed*

Example

SEMINARS/WORKSHOPS/TELECONFERENCES

<i>Date</i>	<i>Location</i>	<i>Event Type</i>	<i>Topic</i>	<i>Target Audience</i>	<i>Number of Participants</i>	<i>Materials Distributed</i>

Instructions for Completing Each Field:

1. Date

Indicate the date of the activity.

2. Location

Indicate the location of the activity.

3. Event Type

Indicate the type of event based on the codes below:

S=Seminar

C=Convention (or annual meeting)

W=Workshop

P=Presentation

E=Educational Forum

O=Other

4. Topic

Indicate the topic(s) of the training

5. Target Audience

Indicate the audience(s) based on the codes below:

P=Physician

PB=Other Part B provider

H=Hospital

A=Ancillary

PA=Other Part `A provider

D=DME

S=Supplier

PR=General provider

PM=Practice/Office Manager and staff

BM=Billing Manager and staff

O=Other

6. Number of Participants

Indicate the number of participants in the event.

7. Materials Distributed

Indicate the material(s) distributed (i.e., Fact Sheet, Manual, video, CD-ROM, etc.).

Activity 5: New Technologies/Electronic Media

Internet Web Site:

Indicate fully: Provider Web Site Address: _____

Specific Format Requirement:

Word document and two Tables/Narrative

Example 1

TABLE 5A – WEB SITE BASIC REQUIREMENTS

CRITERIA	YES	NO
<i>Web site</i>		
<i>Newly created bulletins/newsletters</i>		
<i>Schedule of upcoming events</i>		
<i>Automated registration</i>		
<i>Area designated for Medicare Learning Network</i>		
<i>Quarterly listing of Frequently Asked Questions</i>		
<i>Search engine functionality</i>		
<i>E-mail based support</i>		
<i>CPT Code information</i>		
<i>Ability to link to other sites</i>		
<i>Information for providers for electronic claims submission</i>		

Instructions for Completing Each Field:

1. *Yes*

Check “Yes” if the criterion has been met.

2. *No*

Check “No” if the criterion has not been met.

Example 2

TABLE 5B - ELECTRONIC MEDIA USAGE

COMPONENT		
<i>Bulletin/Newsletter</i>	<i>Date Bltn./Nwsltr. Posted to Web</i>	
<i>Issue number/identification</i>		
<i>CMS Furnished Article/Information</i>	<i>Date Artcl./Info. Posted to Web</i>	
<i>Article Title/Description of Information</i>		
<i>Listserv (Electronic Mailing List) Usage</i>	<i>Date Used</i>	<i>Subject</i>
<i>Listserv name/description</i>		

Table Components:

Electronic Media Usage (table heading)

Bulletin/Newsletter

Date Bltn./Nwsltr. Posted to Web

CMS Furnished Article/Information

Date Artcl/Info. Posted to Web

Listserv (Electronic Mailing List) Usage

Date Used

Subject

Instructions for Completing Each Field:

1. Bulletin/Newsletter

Identify the issue (edition month, season or number) of the bulletin or newsletter.

2. Date Bltn./Nwsltr. Posted to Web

Indicate the date the bulletin/newsletter was first posted and available on the Web site

3. CMS Furnished Article/Information

Identify specific CMS furnished provider targeted article or information for posting to the Web site

4. Date Artcl./Info. Posted to Web

Indicate the date the CMS furnished article or information was posted on the Web site

5. Listserv (Electronic Mailing List) Usage

Identify the name or designation of the listserv(s) (electronic mailing lists)

6. Date Used

Indicate the date(s) the listserv(s) were used

7. Subject

Identify the subject(s) of each listserv transmission

Activity 6: Internal Development of Provider Issues

Specific Format Requirement:

Word document or Spreadsheet/Narrative

Example

INTERNAL DEVELOPMENT of PROVIDER ISSUES

<i>Internal Component</i>	<i>Frequency of Meetings</i>	<i>Date(s)</i>	<i>Comments</i>
<i>Medical Review</i>			
<i>Fraud</i>			
<i>Customer Service</i>			
<i>DME</i>			

<i>Internal Component</i>	<i>Frequency of Meetings</i>	<i>Date(s)</i>	<i>Comments</i>
<i>Reimbursement</i>			
<i>Provider Records/Enrollment</i>			
<i>Provider Relations</i>			
<i>Communications</i>			
<i>Other</i>			

Spreadsheet Headings:

- *Internal Development of Provider Issues (table heading)*
- *Internal Component*
- *Frequency of Meetings*
- *Date(s)*
- *Comments*

Instructions for Completing Each Field:

1. Frequency of Meetings

Indicate the frequency with which provider education staff meets with each of the individual areas to learn of issues or questions communicated by providers. Use NA (not applicable) if the organizational component is not appropriate to the organization

2. Dates

Indicate the date of the meeting(s).

3. Comments

Indicate the provider issues discussed or other information considered relevant.

Activity 7: Other Activities

Specific Format Requirement:

Narrative

Instructions:

Use this section to discuss any additional highlights for the quarter. Feel free to mention any areas of significance not previously noted. This should also include the following:

1. *Any noteworthy activities, efforts, enhancements, or changes to the provider/supplier education program including the provider Web site that should be brought to CMS' attention;*
2. *Any activities or issues coordinated with the DMERC during the quarter;*
3. *Mechanisms used to actively solicit feedback related to the Medicare program;*
4. *Provider/supplier education activities or efforts used to promote utilization of preventive benefits; and*
5. *Mechanisms developed and/or implemented to measure the effectiveness of the educational and training activities. This may include customer satisfaction survey instruments, findings from administering these surveys, and results from pre and post-testing at workshops and seminars.*

20.2.2 - Charging Fees to Providers for Medicare Education and Training Activities

(Rev.3, 12-09-03)

A2-2945.B.2

The FI may assess fees or charges for provider education activities in accordance with the guidelines stated herein. Provider education and training activities are separated into two cost categories:

1. *No charge; and*
2. *Fair and reasonable cost.*

The cost of conducting these activities, or any fees assessed, must conform to the requirements provided below. These cost categorizations distinguish provider education efforts considered to be statutorily mandated (provided at no-charge to providers), and those considered to be enhanced or supplemental.

A - No Charge -- Statutorily Required Training

- *Activities and training materials designed to educate providers in Medicare enrollment, coverage, reimbursement, and billing requirements. The number of sessions and the scope of this training should be based on recommendations from business partners including, but not limited to, the Provider Communications (PCOM) Advisory Committee, and fit within program management resources.*
- *Training and materials on statutorily mandated or significant Medicare program changes, (e.g., hospital outpatient prospective payment system, home health, inpatient rehabilitation, SNF PPS and consolidated billing, and ambulance). The CMS will provide advance notice on this training (including any needed follow-up training) and the availability of additional funding.*
- *Participation in conferences sponsored by other Medicare FIs and government agencies that are based upon recommendations from the PET Advisory Committee.*

B - Fair and Reasonable Cost--Discretionary Activities

- *Individualized training requested by a provider. This may include the cost of travel, materials, accommodations, staff preparation, follow-up activities, and a fee for expenses to attend the event and make the presentation.*
- *Training videos, audiotapes, specialized brochures, pamphlets, and manuals developed by FIs (except for materials included in no-charge-statutorily required training).*
- *Presentations and training at non-Medicare FI sponsored conferences, trade shows, conventions, annual meetings, etc. If the FI receives a request from a group such as a national, regional or state association or medical industry body to make a presentation at an event, the FI can charge the association or group a fee for travel expenses to attend the event. This fee may include the cost for materials, meeting rooms (if the FI is required to incur that cost), accommodations, travel, staff preparation, handouts, follow-up activities, and other incidentals. The travel fee must be fair and reasonable, and based on the cost incurred for providing the service or activity. The FI must confer with its regional office PCOM or PET coordinator about the costs associated with providing the training to ensure that the costs are reasonable.*

NOTE: *The FI may accept nominal speakers fees, or recognition gifts such as pens engraved with the host logo, coffee mugs, plaques, flowers, etc. However, the FI is not permitted to accept and use substantive gifts or donations associated with participation in education and training activities absent specific authority.*

- *Reference manuals, guides, workbooks, and other resource materials developed by the FI designed to supplement or provide easy reference to formal Medicare provider manuals and instructions.*

Revenues collected from these discretionary activities must be used only to cover the cost of these activities and may not be used to supplement other Medicare FI activities.

C. Facilities, Food and Beverages, and Provider Communications

Holding provider education and training events for both statutorily required and discretionary activities at alternate locations (other than at the FI's own offices or buildings) may often reduce provider time and travel costs associated with attending these events. When such an opportunity exists, the FI may recover the costs incurred for meeting rooms, auditoriums and other facilities and equipment through a fee to participants. This fee or charge should be fair and reasonable and within the means of likely participants.

It is also recognized that many contractual agreements with hotels or other meeting site locations stipulate that food and beverages be purchased as a condition of furnishing a meeting or training room. In addition, light refreshments and food may be desirable to facilitate the training and/or for the convenience of the trainees or participants. If light refreshments and food are provided, a fee that covers this cost and is charged to participants must be fair and reasonable, and based on the costs incurred by the FI. Providing food and beverages that exceed these guidelines are prohibited.

Keep records per event of the costs incurred and all fees charged to, and collected from, registrants. The total of fees or charges for any event should not exceed by more than 10 per cent the actual costs incurred for the event. If it does, the FI should refund the entire excess amount collected to all the registrants who paid a fee for that event. For example, participants are charged a \$50 registration fee for an event that costs \$10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and \$12,500 is collected. Since the amount collected exceeded more than 10 per cent of the costs (\$1,000), the entire excess amount collected (\$2,500) is disbursed back to all paying registrants.

D - Refunds/Credits

In order to secure sites needed for future provider training events, the FI may have to make commitments under which it will incur contractual expenses for training accommodations and services. Full or partial refunds/credits to providers who register for an event, and cancel before the event, or do not attend the event, should be made within the context of these contractual arrangements. If training is scheduled and the FI cancels the event, a full refund must be made to registrants. If there are questions concerning the implementation of this policy in a given case, the FI contacts its RO PCOM coordinator.

E - Bulletins/Newsletters

Unless otherwise established, the FI must furnish free of charge one paper copy of the regular bulletin/newsletter which contains program and billing information to providers. If providers are interested in obtaining additional paper copies on a regular basis, the FI is permitted to charge a fee for this. The fee for this subscription should be “fair and reasonable” and based on the cost of producing and mailing the publication. A separate charge may also be assessed to any provider who periodically requests additional single paper copies.

F - Mixed Training Events

In situations where provider education and training activities involve both statutorily required training and discretionary training, the FI must allocate the proportional costs between the activities. That is, the proportional share of the cost of a function allocated to statutorily required training is equal to the percentage of time related to this training. For example, if it costs \$1,000 to arrange and conduct a mixed training session, with 25 percent of the session related to statutorily required training, then the proportional cost allocation for the training would be $.25 \times \$1,000 = \250 for statutorily required training and $.75 \times \$1,000 = \750 for discretionary training activities.

G - Recording of Training Events

Entities not employed by CMS, or under contractual arrangement with the FI, are not permitted to videotape or otherwise record training events for profit-making purposes.

20.2.3 - Provider Information and Education Materials and Resource Directory

(Rev. 3, 12-09-03)

A2-2965.B.3

A - Dating of Materials

Provider education and training materials produced (pamphlets, brochures, work books, reference manuals, CDs, etc.) must bear the month and year they were produced or re-issued.

B - Provider Information and Education Materials Resource Directory

The Provider Information and Education Resource Directory is comprised of provider education materials developed by Medicare contractors. The materials, which include brochures, manuals, work and reference books, fact sheets, videos, audio tapes, CDs, etc., are used to convey Medicare program, policy and billing information to professional health care providers and others associated with the health services about industry. The purpose of the Directory is to facilitate the sharing of provider information and education tools among Medicare FIs, and would, therefore, help reduce the cost of development of these materials.

Unless previously submitted, the FI sends one copy of any provider information and education material of note developed or used within the last 2 years to the address below. This material should be suitable to be used or copied in whole or in part by other Medicare FIs.

NOTE: *All materials developed by Medicare FIs using CMS funding as the principal source for its development are considered the property of CMS, and must be made available to CMS upon request.*

Submit materials that address subjects primarily on a national, rather than a regional or local basis. The FI does not send materials containing information predominately tailored to local or regional audiences that have little national application such as unique letters, event notices, or complete provider bulletins or newsletters. Individual bulletin or newsletter articles focusing on subjects of nationwide interest can be sent. The FI includes the name, address, telephone number and e-mail address of a contact person for each piece.

Send these materials to:

*Centers for Medicare & Medicaid Services
Division of Provider Information Planning and Development
Mail Stop C4-11-27
7500 Security Boulevard,
Baltimore, MD 21244-1850
Attn: Resource Directory*

The FI sends one copy of all appropriate provider education and information materials (excluding bulletins/newsletters) developed in the future, to the address above. Also, send any significantly revised or updated versions of material previously submitted.

If the FI reproduces or uses material, in whole or in part, originally developed by another Medicare FI, that FI should be acknowledged either within the material, or on its cover, case, or container. In the case of printed text material, this acknowledgement should appear on the inside back page or cover.

30 – Carrier (Including DMERCs) Provider/Supplier Communications – Provider/Supplier Education and Training

(Rev. 3, 12-09-03)

B2-5107

This section and its related subsections apply only to carriers (including DMERCs).

Sections 1816(a) and 1842(a)(3) of the Social Security Act (the Act) require that contractors serve as a channel of communication for information to and from providers/suppliers. The fundamental goal of the CMS' Provider/Supplier Communications (PCOM) program (formerly Provider Education and Training, PET) is to give those who provide service to beneficiaries the information they need to understand the Medicare program so that, in the end, they manage Medicare related matters appropriately and bill correctly.

PCOM uses mass media, such as print, Internet, satellite networks, and other technologies, face-to-face instruction, and presentations in classrooms and other settings, to meet the needs of Medicare providers/suppliers for timely, accurate, and understandable Medicare information.

PCOM is directed at educating provider/supplier and their staffs about fundamental Medicare programs and policies, new Medicare initiatives, and significant changes to the Medicare program. These efforts are aimed at reducing the number of provider/supplier inquiries and claim submission errors. Unlike Local Provider Education and Training (LPET), PCOM, for the most part, is not targeted to individual providers/suppliers or limited and confined problems or errors. PCOM is instead designed to be broader in nature so as to meet the basic informational needs of Medicare providers/suppliers, plus have a unique focus upon training and consulting for new Medicare providers/suppliers as well. The scope of PCOM is to identify and address issues that are of concern to the broad provider/supplier audience.

30.1 - Provider/Supplier Communications - Program Elements

(Rev. 3, 12-09-03)

The carrier is required to implement the basic requirements for PCOM stated herein. The carrier is also required to meet budget and performance requirements (BPRs) for this program issued each fiscal year that provide additional guidance on the program.

The carrier reports the costs and workload data for the PCOM program according to the prescribed CAFM activity codes.

30.1.1 - Provider/Supplier Service Plan (PSP)

(Rev. 3, 12-09-03)

The carrier is required to prepare and submit a PSP annually. The PSP must address the carrier's overall plans for implementing the provider/supplier communications program in the forthcoming fiscal year. The PSP outlines the strategies, projected activities, efforts, and approaches that will be used during the year to support provider/supplier communications. The PSP must address and support all the activities stated herein as well as all required activities stated in the yearly BPRs for this program.

The Plan must include how the following elements of the PCOM program, described hereafter, will be met, and note, when appropriate, how many events, occurrences or other happenings are planned or anticipated for these elements (e.g., the number of workshops, seminars, speeches, frequency of bulletins, number distributed, number of partnerships with external entities, number of times listserv(s) used, etc.):

- Provider/Supplier Inquiry Analysis,*
- Provider/Supplier Data Analysis,*
- Seminars/Workshops/Educational Events,*
- Provider/Supplier Communications Advisory Group,*
- Bulletins/Newsletters,*
- New Technologies/Electronic Media, and*
- Promoting Beneficiary Use of Preventive Benefits Through Provider/Supplier Education Activities.*

A draft or preliminary PSP should be sent at the time the carrier submit its annual budget request to the regional office (RO) PSP coordinator or contact for review is submitted. A final PSP should be sent by October 31, to the RO PSP coordinator and to CMS Central Office (CO). Plans sent to CO should be addressed to:

*Centers for Medicare & Medicaid Services
Center for Medicare Management
Division of Contractor Provider Communications
Mail stop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244*

The carrier provides the name, phone number, and mailing address of the PSP coordinator with the PSP.

30.1.2 -. Provider/Supplier Inquiry Analysis

(Rev. 3, 12-09-03)

The carrier must maintain a provider/supplier inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) and areas of concern/confusion for providers/suppliers. The carrier uses an organized, consistent, systematic, and reproducible process to generate most frequently asked questions. The carrier describes this process in the PSP. Outreach and educational efforts must be

developed and implemented to address the needs of providers/suppliers as identified by this program.

30.1.3 - Provider/Supplier Data Analysis

(Rev. 3, 12-09-03)

The carrier must maintain a provider/supplier data analysis program that will produce a monthly list of the most frequent, collective claims submission errors from all providers/suppliers. Claims submission errors result in rejected, denied, or incorrectly paid claims. Outreach and educational efforts must be developed and implemented to address the needs of providers/suppliers as identified by this program.

30.1.4 - Provider/Supplier Communications Advisory Group

(Rev. 3, 12-09-03)

The carrier must support and maintain a PCOM Advisory Group (formerly referred to as the PET Advisory Group). This group should generally convene quarterly, but at a minimum, meet three times per year, and will provide advice and recommendations to the carrier on provider/supplier communications matters.

A. Purpose of PCOM Advisory Groups

The primary function of the PCOM Advisory Group is to assist the carrier in the creation, implementation and review of provider/supplier education strategies and efforts. The PCOM Advisory Group provides input and feedback on training topics, provider/supplier education materials, and dates and locations of provider/supplier education workshops and events. The group also identifies salient provider/supplier/education issues, and recommends effective means of information dissemination to all appropriate providers and suppliers and their staff. The PCOM Advisory Group should be used as a provider/supplier education consultant resource, and not as an approval or sanctioning authority.

While it remains allowable for the carrier to use PCOM Advisory Groups to provide updates and facilitate discussion on current issues, the focus of the group meetings should remain centered on the development and implementation of effective provider/supplier communication materials and strategies.

B. Composition of PCOM Advisory Group

The carrier should strive to maintain professional and geographic diversity within the PCOM advisory groups. The carrier should attempt to include representatives of various provider/supplier specialties serviced including state and local trade and professional associations, practicing provider/supplier or staff members deemed appropriate, and representatives of billing organizations. Providers/suppliers from different geographic areas, as well as from urban and rural locales, should be represented in any PCOM Advisory Group. The carrier should consider inviting representatives of Quality Improvement Organizations (QIOs) from its area to participate in PCOM Advisory Group meetings.

The carrier should consider having more than one PCOM Advisory Group when the breadth of the geographic service area, or range of the providers/suppliers serviced by

the carrier diminishes the practicality and effectiveness of having a single PCOM Advisory Group. For further guidance on this issue, the carrier should contact its regional office PCOM or provider education and training (PET) Coordinator.

C. Carrier Role

The carrier should maintain the PCOM Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare carriers to allow outside organizations to operate the PCOM Advisory Group. After soliciting suggestions from the provider/supplier community, the carriers should select the appropriate individuals and organizations to be included in the group. The main point of contact for all PCOM Advisory Group communication should be within the carrier's PCOM, PET or similar department. At a minimum, the carrier is responsible for recruiting potential members, setting-up and arranging all meetings, handling meeting logistics, producing and distributing an agenda, completing and distributing minutes, and keeping adequate records of the advisory group's proceedings.

A Medicare carrier having more than one kind of Medicare contract (e.g., intermediary, Part B carrier, DMERC, rural home health intermediary, etc.) is required to have separate PCOM advisory groups for each kind of Medicare contract. It is also impermissible for the carrier having geographic proximity or overlap with one another to share a PCOM Advisory Group. Each carrier must have its own separate group. The carrier shall not reimburse or charge a fee to group members for membership or for costs associated with serving on a PCOM Advisory Group. The carrier is required to notify its CMS regional office PET or PCOM coordinator of the schedule and location of PCOM Advisory Group meetings.

The carrier is expected to consider the suggestions and recommendations of the PCOM Advisory Group, and implement or enact them if the carrier deems them reasonable, practicable, and within the provider/supplier communications program requirements and budget constraints. After consideration, a carrier must explain to the group the reasons for not implementing or adopting any group suggestions or recommendations.

D. Meeting Specifics

The carrier may hold PCOM Advisory Groups in-person or via teleconferencing. The CMS recommends that the carrier holds at least one meeting per calendar year with group members in-person. Teleconferencing should be made available to Advisory Group members who cannot be present for any meeting. The carrier should also have a specific area on its Web site that allows providers/suppliers to access information about the PCOM Advisory Group (minutes from meetings, list of organizations or entities comprising the PCOM Advisory Group, an e-mail address for a contact point and for further information on the PCOM Advisory Group, etc.). This area of the carrier's Web site should be operational by March 31, 2003. The carrier notifies the PCOM Advisory Group members that information about its participation on the Advisory Group may be on the Web site. The carrier consults with the CMS regional office PET or PCOM coordinator if a member has objections, and on ways to mitigate them.

Meeting agendas, which include discussion topics garnered from solicitation of group members, should be distributed to all members of the group and the CMS regional office

PET or PCOM coordinator at least 2 business days prior to any meeting. After each meeting, minutes should be disseminated within 7 business days to all group members and others who request them.

E. Relationship to Other Carrier Advisory Groups

PCOM advisory groups operate independently from other existing carrier advisory committees. While a PCOM Advisory Group may, at its discretion, share information with other advisory groups, the PCOM Advisory Group does not need the approval, authorization or input from any other entity for its advice, recommendations, or issuances. While an individual PCOM Advisory Group member can be a member of another carrier advisory committee, the majority of PCOM Advisory Group members should not be current members of any other carrier advisory group.

For more information or specific guidance on any of the above issues, the carrier contacts its regional office PET or PCOM coordinator.

30.1.5 - Bulletins/Newsletters

(Rev. 3, 12-09-03)

*The carrier prints and distributes regular provider/supplier bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible and cost-effective, the carrier stops sending regular bulletins to providers/suppliers with no billing activity in the previous 12 months. Newly created bulletins/newsletters must be posted on the carrier's Web site. All printed bulletins/newsletters must have either a header or footer in boldface type within the first three pages that states the following: **"This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members of the Provider/Supplier Staff. Bulletins Are Available at No Cost from Our Web Site [Insert Carrier Web Site Address]"***

The carrier encourages providers/suppliers to obtain electronic copies of bulletins/newsletters and other notices through the Web site. If providers/suppliers are interested in obtaining additional paper copies on a regular basis, the carrier is permitted to charge a fee for this. The subscription fee should be "fair and reasonable" and based on the cost of producing and mailing the publication. A charge may also be assessed to any provider/supplier who requests additional single paper copies.

30.1.6 - Seminars/Workshops/Teleconferences

(Rev. 3, 12-09-03)

The carrier holds seminars, workshops, classes, or other face-to-face meetings, to educate and train providers/suppliers about the Medicare program and billing issues. Whenever feasible, activities should be coordinated with other regional Medicare carriers, including quality improvement organizations (QIOs), other carriers, and intermediaries, State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks as well as interested groups, organizations, and CMS partners in the service area. The carrier develops, and implements whenever practicable, effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments, pre- and post-testing at workshops and seminars, and other feedback mechanisms.

Whenever feasible, hold teleconferences to address and resolve inquiries from providers/suppliers as a method to reach a broad audience. If facilities permit, carriers should host Medicare Learning Network (MLN) satellite broadcasts for providers/suppliers in the service area.

30.1.7 - New Technologies/Electronic Media

(Rev. 3, 12-09-03)

The carriers must use new technologies and electronic media as an efficient, timely, and cost-effective means of disseminating Medicare provider/supplier information to the audiences they serve.

A - Provider/Supplier Education Web Site

The carrier maintains a Web site that is dedicated to furnishing providers/suppliers with timely, accessible, and understandable Medicare program information. To reduce costs, Web sites should fit into existing infrastructure and use existing resource technologies whenever possible.

This Web site must comply with “Contractor Web Site Standards and Guidelines” posted at <http://www.cms.hhs.gov/about/web/contractors.asp> and must be compatible with multiple browsers. The carrier periodically reviews the “Web Site Standards and Guidelines” to determine continued compliance. During the first 3 months of each calendar year, the carrier sends a signed and dated statement to the RO PCOM or PET Coordinator attesting to whether the carrier’s Web site continues to comply with these guidelines and whether it is compatible with multiple browsers. The person in the carrier’s organization who has authority over the Web site should sign the attestation statement.

The Carrier’s Provider/Supplier Outreach Web site must contain the following:

- All newly created provider/supplier bulletins/newsletters;*
- A schedule of upcoming events (e.g., seminars, workshops, fairs);*
- Ability to register for seminars and other events via the Web site;*
- Search engine functionality;*
- Features that permit providers/suppliers to download and save copies of bulletins, training materials, schedules of upcoming events, and other items;*
- A “What’s New” or similarly titled section that contains newsworthy and important information that is of an immediate or time sensitive nature to Medicare providers/suppliers;*
- E-mail based support/help/customer service;*
- A listing of FAQs/areas of concern updated quarterly as evidenced through the carrier’s inquiry analysis program; and*
- Information for providers/suppliers on how to submit claims electronically.*

The Carrier’s Provider/Supplier Outreach Web site must link to:

- The Medicare program Web site at: <http://cms.hhs.gov>;*

- The MLN at: <http://cms.hhs.gov/medlearn/>;
- The site for downloading CMS publications at <http://cms.hhs.gov/publications/>;
- The site for downloading CMS manuals and transmittals at <http://cms.hhs.gov/manuals/transmittals/>; and
- Other CMS Medicare carriers, partners, QIOs, and other sites that may be useful to providers/suppliers.

1 - Directed Web Site/Bulletin Article

The carrier often receives instructions from CMS to print a provider/supplier education article or other information in its provider/supplier bulletin or newsletter and also place it on their Web site. Unless specifically directed otherwise, the carrier locates the article or information from CMS on the “What’s New” or similarly titled section of the provider/supplier education Web site. Unless specifically directed otherwise, the article or information should be put on the carrier Web site as soon as possible after receipt, and should remain on the Web site for 2 months, or until the bulletin or newsletter in which it is appearing is put on the Web site, whichever is later.

2 - Use of Current Procedural Terminology

Web sites must adhere to requirements stated in the Medicare Claims Processing Manual, Chapter 23, Subsection 20.7, regarding the use of current procedural terminology (CPT) codes and descriptions. During the first 3 months of each calendar year, the carrier determines whether the carrier’s Web site complies with requirements stated in this chapter and subsection of the Medicare Claims Processing Manual. A signed and dated attestation statement must be sent to the carrier’s RO PCOM or PET Coordinator. The person in the carrier’s organization who has authority over the Web site should sign the attestation statement.

B - Electronic Mailing List/Listserv

The carrier maintains at least one electronic mailing list, or listserv, to notify registrants via e-mail of important, time-sensitive Medicare program information, upcoming provider/supplier communications events, and other announcements necessitating immediate attention. At a minimum, the carrier uses electronic mailing lists to notify registrants of the availability of bulletins/newsletters or other important information on the carrier’s Web site. Providers/suppliers should be able to join the carrier’s electronic mailing lists via the carrier’s provider/supplier education Web site. Subscribers to the carrier’s electronic mailing lists should also be able to initiate de-listing themselves via the Web site. The carrier posts notices on its Web site and in bulletins/newsletters that encourage subscription to the electronic mailing lists. The carrier’s electronic mailing lists should be capable of accommodating all of its providers/suppliers. It is recommended that the carrier’s electronic mailing list(s) be constructed for only one-way communication, i.e., from the carrier to subscribers. The carrier is encouraged to offer multiple electronic mailing lists to accommodate the various providers/suppliers served.

The carrier is required to protect its electronic mailing list(s) addresses from unauthorized access or inappropriate usage. The carrier’s electronic mailing lists, or

any portions or information contained therein, should not be shared, sold or in any way transferred to any other organization or entity. In special or unique circumstances where such a transference or sharing of listserv information to another organization or entity is deemed to be in the best interests of CMS or the Medicare program, the carriers must first obtain express written permission of the CMS regional office PCOM or PSP Coordinator.

The carrier maintains records of electronic mailing list usage. These records should include when electronic mailing list(s) were used, text of the messages sent, the number of subscribers transmitted to per usage, and the author of the message. Records should be kept for one year from the date of usage.

30.1.8 - Training of Providers/Supplier in Electronic Claims Submission

(Rev. 3, 12-09-03)

The carrier conducts training for provider/supplier staff in electronic claims submission. This may include, but is not limited to, activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare Electronic Data Interchange (EDI) transactions; use of new or updated Medicare software released during the year; and use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: *There are multiple sources of provider/supplier training requirements associated with EDI functions. The PCOM function covers providers/suppliers in group settings rather than contact with individuals. PCOM covers newsletters, classes, or outreach to groups of providers/suppliers and their staff on Medicare coverage, billing and benefits of EDI. PCOM does not include instruction related to connectivity for individual providers/suppliers or the resolution of connectivity problems.*

30.1.9 - Provider/Supplier Education and Beneficiary Use of Preventive Benefits

(Rev. 3, 12-09-03)

Through provider/supplier education activities, the carrier must promote beneficiary use of preventive benefits as specified in the Balanced Budget Act of 1997, the Balanced Budget and Reconciliation Act of 1999, and the Benefits Improvement and Protection Act of 2000. These benefits include screening mammography and screening for colorectal, cervical, and prostate cancer.

30.1.10 - Provider/Supplier Education and Home Health Benefit

(Rev. 3, 12-09-03)

Where appropriate and feasible, incorporate information in the provider/supplier communications activities that delineates the physician's role in the creation, certification and re-certification of the plan of care for home health, and the beneficiary need for partial hospitalization.

30.1.11 - Internal Development of Provider/Supplier Issues

(Rev. 3, 12-09-03)

The carrier holds periodic meetings with staff in appropriate areas of the carrier organization (including personnel responsible for medical review, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers/suppliers to these other areas in the carrier organization are communicated and shared with provider/supplier education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.

30.1.12 - Training of Provider/Supplier Education Staff

(Rev. 3, 12-09-03)

The carrier implements a developmental plan for training new provider/supplier education personnel, and periodically assessing the training needs of existing provider/supplier education staff. The plan, which must be written and available to the provider/supplier education staff, should include schedules, course or instruction vehicle descriptions, and satisfaction criteria. Training materials such as workbooks, manuals, and policy guidelines should always be readily available to the provider/supplier education staff.

30.2 - Provider/Supplier Communications - Program Administration

(Rev. 3, 12-09-03)

30.2.1. - PSP Quarterly Activity Report

(Rev. 3, 12-09-03)

The carriers is required to develop and submit PSP Quarterly Activity Reports (QAR) that summarize and recount the provider/supplier education and training activities for the previous quarter year. The carrier uses the carrier annual PSP, the Budget and Performance Requirements, and the provider/supplier communications program requirements herein to help formulate the QAR.

Reports must be submitted 30 days after the end of every quarter in the fiscal year. The deadlines for submitting the quarterly reports are as follows:

First quarter – January 31

Second quarter – April 30

Third quarter – July 31

Fourth quarter – October 31

The carrier sends QAR reports, either in hardcopy or electronically, to its RO PSP or PCOM coordinator, and to the CMS CO Provider Communications Regional Consortium staff under which the carrier falls. (The e-mail address of the CO Consortium Liaison can be obtained from the carrier's RO PSP coordinator.) The carrier requests an acknowledgement from the CMS recipient for any electronically submitted report. Hardcopy QAR reports sent to CO should be addressed to:

Centers for Medicare & Medicaid Services

*Center for Medicare Management
Division of Contractor Provider Communications
Mail Stop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850*

The carrier provides the name, phone number, and mailing address of the PSP coordinator for the carrier organization on its QAR reports.

A - Format and Content of QAR

Report on the provider/supplier communications activities using the following headings:

- 1. Inquiry and data analysis*
- 2. PCOM advisory group/participation in recommended educational activities/forums*
- 3. Bulletins/newsletters*
- 4. Seminars/workshops/teleconferences*
- 5. New technologies/electronic media*
- 6. Internal staff development/plan to strengthen the quality of written communication*
- 7. Home health benefit*
- 8. Other activities*

The carrier uses the following in formatting QAR reports:

B - Cover Page

The cover page should contain the following information:

- Carrier Name/Type*
- Carrier Number*
- Reporting period (1st, 2nd, 3rd, or 4th quarter)*
- PSP Coordinators' Name/Phone Number/E-mail address*
- Date Submitted*
- Geographic Service Area (State)/Regional Office Affiliation*

Provider/Supplier Communication Activities 1 - 8

Activity 1: Inquiry and Data Analysis

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- *Top Ten Inquiries and Claim Submission Errors (table heading)*
- *I (Inquiry)/CSE (Claim Submission Error)*
- *Provider Specialty (optional field)*
- *Number received*
- *Action/Resolution*

Example

TOP TEN INQUIRIES AND CLAIMS SUBMISSION ERRORS (CSE)

<i>TOP Ten Inquiries and CSE's</i>	<i>I/ CSE</i>	<i>Provider Specialty</i>	<i>Number Received</i>	<i>Action taken/Resolution (if applicable)</i>

Instructions for Completing Each Field:

1. Top Ten Inquiries and Claim Submission Errors

List the top 10 provider/supplier inquiries or frequently asked questions and the top 10 claim submission errors. This should include the top ten inquiries, and the top 10 ten claim submission errors, for a total of twenty entries in this column.

2. Inquiry/Claim Submission Errors

Identify the entry as either an inquiry (I), or a claim submission error (CSE).

3. Provider Specialty

List the provider specialty, if known. This is an optional field.

4. Number of inquiries or claim submission errors

Record number of inquiries or claim submission errors received during the reporting period.

5. Action taken /Resolution

Indicate the provider/supplier communications or other action taken, or soon to be taken. Indicate any resolution to the issue, if applicable.

Activity 2: Provider/Supplier Communications Advisory Group/Participation in Recommended Educational Activities/Forums

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- *PCOM Advisory Group/Related Activities (table heading)*
- *Activity*
- *Frequency*
- *Date*
- *Attachments*
- *Comments*

Example

PCOM ADVISORY GROUP/RELATED ACTIVITIES

<i>Activity</i>	<i>Frequency</i>	<i>Date</i>	<i>Attachments (Yes/No)</i>	<i>Comments</i>

Instructions for Completing Each Field:

1. Identification of Activity

Indicate the type of activity including those that resulted from recommendations of the advisory group (i.e., PCOM Advisory Group, Workshop, Seminar, Speech, other)

2. Frequency

Frequency means how often the event was held, (e.g., continuously, weekly, monthly, quarterly, annually).

3. Date

Indicate the specific date on which the activity occurred.

4. Attachments (Yes or No)

Indicate whether or not the attachment(s) (i.e., agenda, membership listing, minutes, action items, etc.) associated with the event/meeting, are included in the report.

5. Comments

List any appropriate comments related to a subcategory.

Activity 3: Issue Regular Bulletins/Newsletters

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- *Bulletins/Newsletters (table heading)*
- *Date Mailed*
- *Number of Hard Copies Mailed*
- *Major Topics Covered*

Example

BULLETINS/NEWSLETTERS

<i>Bulletin/ Newsletter</i>	<i>Date Mailed</i>	<i>Number of Hard Copies Mailed</i>	<i>Major Topics Covered</i>

Instructions for Completing Each Field:

1. *Bulletin/Newsletter*

Give the name of the bulletin/newsletter

2. *Date Mailed*

Give the date the newsletter/bulletin was mailed.

3. *Number of Hard Copies Mailed*

Indicate the number of paper copies mailed.

4. *Major Topic Areas Covered*

List 3-4 major topic areas covered.

Activity 4: Seminars/Workshops/Teleconferences

Specific Format Requirement:

Word Document or Spreadsheet

Spreadsheet Headings:

- *Seminars/Workshops/Teleconferences (table heading)*
- *Date*
- *Location*
- *Event Type*
- *Topic*
- *Target Audience*
- *Number of Participants*
- *Materials Distributed*

Example

SEMINARS/WORKSHOPS/TELECONFERENCES

<i>Date</i>	<i>Location</i>	<i>Event Type</i>	<i>Topic</i>	<i>Target Audience</i>	<i>Number of Participants</i>	<i>Materials Distributed</i>

Instructions for Completing Each Field:

1. Date

Indicate the date of the activity.

2. Location

Indicate the location of the activity.

3. Event Type

Indicate the type of event based on the codes below:

S=Seminar

C=Convention (or annual meeting)

W=Workshop

P=Presentation

E=Educational Forum

O=Other

4. Topic

Indicate the topic(s) of the training.

5. Target Audience

Indicate the audience(s) based on the codes below:

P=Physician

PB=Other Part B provider

H=Hospital

A=Ancillary

PA=Other Part A provider

D=DME

S=Supplier

PR=General provider

PM=Practice/Office Manager and staff

BM=Billing Manager and staff

O=Other

6. Number of Participants

Indicate the number of participants in the event.

7. Materials Distributed

Indicate the material(s) distributed (i.e., Fact Sheet, Manual, video, CD-ROM, etc.).

Activity 5: New Technologies/Electronic Media

Internet Web site

Indicate fully: Provider/Supplier Web site Address: _____

Specific Format Requirement:

Word document and two Tables/Narrative

Example 1

TABLE 5A – WEB SITE BASIC REQUIREMENTS

CRITERIA	YES	NO
Web site		
Newly created bulletins/newsletters		
Schedule of upcoming events		
Automated registration		
Area designated for Medicare Learning Network		

<i>CRITERIA</i>	<i>YES</i>	<i>NO</i>
<i>Quarterly listing of Frequently Asked Questions</i>		
<i>Search engine functionality</i>		
<i>E-mail based support</i>		
<i>CPT Code information</i>		
<i>Ability to link to other sites</i>		
<i>Information for providers/suppliers for electronic claims submission</i>		

Instructions for Completing Each Field:

1. Yes

Check “Yes” if the criterion has been met.

2. No

Check “No” if the criterion has not been met.

Example 2

TABLE 5B - ELECTRONIC MEDIA USAGE

<i>COMPONENT</i>		
<i>Bulletin/Newsletter</i>	<i>Date Bltn./Nwsltr. Posted to Web</i>	
<i>Issue number/identification</i>		
<i>CMS Furnished Article/Information</i>	<i>Date Artcl./Info. Posted to Web</i>	
<i>Article Title/Description of Information</i>		

<i>Listserv (Electronic Mailing List) Usage</i>	<i>Date Used</i>	<i>Subject</i>
<i>Listserv name/description</i>		

Table Components:

Electronic Media Usage (table heading)

Bulletin/Newsletter

Date Bltn./Nwsltr. Posted to Web

CMS Furnished Article/Information

Date Artcl./Info. Posted to Web

Listserv (Electronic Mailing List) Usage

Date Used

Subject

Instructions for Completing Each Field:

1. Bulletin/Newsletter

Identify the issue (edition month, season or number) of the bulletin or newsletter.

2. Date Bltn./Nwsltr. Posted to Web

Indicate the date the bulletin/newsletter was first posted and available on the Web site

3. CMS Furnished Article/Information

Identify specific CMS furnished provider targeted article or information for posting to the carrier Web site

4. Date Artcl./Info. Posted to Web

Indicate the date the CMS furnished article or information was posted on the carrier Web site

5. Listserv (Electronic Mailing List) Usage

Identify the name or designation of the listserv(s) (electronic mailing lists)

6. Date Used

Indicate the date(s) listserv(s) was/were used

7. Subject

Identify the subject(s) of each listserv transmission

Activity 6: Internal Development of Provider/Supplier Issues

Specific Format Requirement:

Word Document or Spreadsheet/Narrative

Example

INTERNAL DEVELOPMENT of PROVIDER/SUPPLIER ISSUES

<i>Internal Component</i>	<i>Frequency of Meetings</i>	<i>Date(s)</i>	<i>Comments</i>
<i>Medical Review</i>			
<i>Fraud</i>			
<i>Customer Service</i>			
<i>DME</i>			
<i>Reimbursement</i>			
<i>Provider Records/Enrollment</i>			
<i>Provider/Supplier Relations</i>			
<i>Communications</i>			
<i>Other</i>			

Spreadsheet Headings

- *Internal Development of Provider/Supplier Issues (table heading)*
- *Internal Component*
- *Frequency of Meetings*
- *Date(s)*
- *Comments*

Instructions for Completing Each Field:

1. Frequency of Meetings

Indicate the frequency with which provider/supplier education staff meets with each of the individual areas to learn of issues or questions communicated by

providers/suppliers. Use NA (not applicable) if the organizational component is not appropriate to the carrier organization.

2. Date(s)

Indicate the date of the meeting(s).

3. Comments

Indicate the provider/supplier issues discussed or other information carriers feel is relevant.

Activity 7: Home Health Benefit

Specific Format Requirement:

Narrative

Instructions:

Provide a summary of any provider/supplier educational activities and efforts in this area.

Activity 8: Other Activities

Specific Format Requirement:

Narrative

Instructions:

Use this section to discuss any additional highlights for the quarter. Feel free to mention any areas of significance not previously noted. This should also include the following:

- 1. Any noteworthy activities, efforts, enhancements or changes to the provider/supplier education program including the provider Web site that should be brought to CMS' attention;*
- 2. Any activities or issues carriers have coordinated with the DMERC during the quarter;*
- 3. Mechanisms used to actively solicit feedback related to the Medicare program;*
- 4. Provider/supplier education activities or efforts used to promote utilization of preventive benefits; and*
- 5. Mechanisms developed and/or implemented to measure the effectiveness of educational and training activities. This may include customer satisfaction survey instruments, findings from administering these surveys, and results from pre and post-testing at workshops and seminars.*

30.2.2. - Charging Fees to Providers/Suppliers for Medicare Education and Training Activities

(Rev.3, 12-09-03)

The carrier may assess fees or charges for provider/supplier education activities in accordance with the guidelines stated herein. Provider/supplier education and training

activities are separated into two cost categories: **(1) no charge** and **(2) fair and reasonable cost**. The cost of conducting these activities, or any fees assessed, must conform to the requirements provided below. These cost categorizations distinguish provider/supplier education efforts considered to be statutorily mandated (provided at no-charge to providers and suppliers), and those considered to be enhanced or supplemental.

A - No Charge -- Statutorily Required Training

- *Activities and training materials designed to educate providers and suppliers in Medicare enrollment, coverage, reimbursement and billing requirements. The number of sessions and the scope of this training should be based on recommendations from business partners including, but not limited to, the Provider/Supplier Communications (PCOM) Advisory Committee, and fit within program management resources.*
- *Training and materials on statutorily mandated or significant Medicare program changes, (e.g., hospital outpatient prospective payment system, home health, inpatient rehabilitation, SNF PPS and consolidated billing, and ambulance). CMS will give advance notice on this training (including any needed follow-up training) and the availability of additional funding.*
- *Participation in conferences sponsored by other Medicare carriers and government agencies that are based upon recommendations from the PET Advisory Committee.*

B - Fair and Reasonable Cost--Discretionary Activities

- *Individualized training requested by a provider/supplier. This may include the cost of travel, materials, accommodations, staff preparation, follow-up activities, and a fee for expenses to attend the event and make the presentation.*
- *Training videos, audiotapes, specialized brochures, pamphlets, and manuals developed by carriers (except for materials included in no-charge-statutorily required training).*
- *Presentations and training at non-Medicare carrier sponsored conferences, trade shows, conventions, annual meetings, etc. If carriers receive a request from a group such as a national, regional or state association or medical industry body to make a presentation at an event, carriers can charge the association or group a fee for travel expenses to attend the event. This fee may include the cost for materials, meeting rooms (if carriers are required to incur that cost), accommodations, travel, staff preparation, handouts, follow up activities, and other incidentals. The travel fee must be fair and reasonable, and based on the cost carriers incurred for providing the service or activity. The carrier must confer with the regional office PCOM or PET coordinator about the costs associated with providing the training to ensure that the costs are reasonable.*

NOTE: *The carrier may accept nominal speakers fees, or recognition gifts such as pens engraved with the host logo, coffee mugs, plaques, flowers, etc. However, the carrier is*

not permitted to accept and use substantive gifts or donations associated with participation in education and training activities absent specific authority.

Reference manuals, guides, workbooks, and other resource materials developed by the carrier designed to supplement or provide easy reference to formal Medicare provider/supplier manuals and instructions.

Revenues collected from these discretionary activities must be used only to cover the cost of these activities and may not be used to supplement other Medicare carrier activities.

C - Facilities, Food and Beverages, and Provider/Supplier Communications

Holding provider/supplier education and training events for both statutorily required and discretionary activities at alternate locations (other than at the carrier's own offices or buildings) may often reduce provider/supplier time and travel costs associated with attending these events. When such an opportunity exists, carriers may recover the costs incurred for meeting rooms, auditoriums and other facilities and equipment through a fee to participants. This fee or charge should be fair and reasonable and within the means of likely participants.

It is also recognized that many contractual agreements with hotels or other meeting site locations stipulate that food and beverages be purchased as a condition of furnishing a meeting or training room. In addition, light refreshments and food may be desirable to facilitate the training and/or for the convenience of the trainees or participants. If light refreshments and food are provided, a fee that covers this cost and is charged to participants must be fair and reasonable, and based on the costs incurred by the carriers. Providing food and beverages that exceed these guidelines are prohibited.

Keep records per event of the costs incurred and all fees charged to, and collected from, registrants. The total of fees or charges for any event should not exceed by more than 10 per cent the actual costs incurred for the event. If it does, the carrier should refund the entire excess amount collected to all the registrants who paid a fee for that event. For example, charge participants a \$50 registration fee for an event that cost the carrier \$10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and the carrier collects \$12,500. Since the amount collected exceeded more than 10 per cent of the costs (\$1,000), the entire excess amount collected (\$2,500) is disbursed back to all paying registrants.

D - Refunds/Credits

In order to secure sites needed for future provider/supplier training events, the carrier may have to make commitments under which it will incur contractual expenses for training accommodations and services. Full or partial refunds/credits to providers/suppliers who register for an event, and cancel before the event, or do not attend the event, should be made within the context of these contractual arrangements. If training is scheduled and the carrier cancels the event, a full refund must be made to registrants. If there are questions concerning the implementation of this policy in a given case, the carrier contacts the RO PCOM coordinator.

E - Bulletins/Newsletters

Unless otherwise established, the carrier must furnish free of charge one paper copy of the regular bulletin/newsletter which contains program and billing information to providers/suppliers. If providers/suppliers are interested in obtaining additional paper copies on a regular basis, the carrier is permitted to charge a fee for this. The fee for this subscription should be "fair and reasonable" and based on the cost of producing and mailing the publication. A separate charge may also be assessed to any provider/supplier who periodically requests additional single paper copies.

F - Mixed Training Events

In situations where provider/supplier education and training activities involve both statutorily required training and discretionary training, the carrier must allocate the proportional costs between the activities. That is, the proportional share of the cost of a function allocated to statutorily required training is equal to the percentage of time related to this training. For example, if it costs \$1,000 to arrange and conduct a mixed training session, with 25 percent of the session related to statutorily required training, then the proportional cost allocation for the training would be $.25 \times \$1,000 = \250 for statutorily required training and $.75 \times \$1,000 = \750 for discretionary training activities.

G - Recording of Training Events

Entities not employed by CMS, or under contractual arrangement are not permitted to videotape or otherwise record training events for profit-making purposes.

30.2.3 - Provide/Supplier Information and Education Materials and Resource Directory

(Rev. 3, 12-09-03)

A - Dating of Materials

Provider/supplier education and training materials produced (pamphlets, brochures, work books, reference manuals, CDs, etc.) must bear the month and year they were produced or re-issued.

B - Provider/Supplier Information and Education Materials Resource Directory

The Provider/Supplier Information and Education Resource Directory is comprised of provider and supplier education materials developed by Medicare contractors. The materials, which include brochures, manuals, work and reference books, fact sheets, videos, audio tapes, CDs, etc., are used to convey Medicare program, policy and billing information to professional health care providers/suppliers and others associated with the health services about industry. The purpose of the Directory is to facilitate the sharing of provider/supplier information and education tools among Medicare carriers, and would, therefore, help reduce the cost of development of these materials.

Unless previously submitted, send one copy of any provider/supplier information and education material of note that have been developed or used within the last 2 years to the address below. This material should be suitable to be used or copied in whole or in part by other Medicare carriers.

NOTE: *All materials developed by Medicare carriers using CMS funding as the principal source for its development are considered the property of CMS, and must be made available to CMS upon request.*

Submit materials that address subjects primarily on a national, rather than a regional or local basis. The carrier does not send materials containing information predominately tailored to local or regional audiences that have little national application such as unique letters, event notices, or complete provider/supplier bulletins or newsletters. Individual bulletin or newsletter articles focusing on subjects of nationwide interest can be sent. The carrier includes the name, address, telephone number, and e-mail address of a contact person for each piece.

These materials are sent to:

*Centers for Medicare & Medicaid Services
Division of Provider Information Planning and Development,
Mail StopC4-11-27
Attn: Resource Directory
7500 Security Boulevard
Baltimore, MD 21244-1850*

The carrier sends one copy of all appropriate provider/supplier education and information materials (excluding bulletins/newsletters) developed in the future, to the address above. Also, the carrier sends any significantly revised or updated versions of material previously submitted.

If carriers reproduce or use material, in whole or in part, originally developed by another Medicare carrier, that carrier should be acknowledged either within the material, or on its cover, case or container. In the case of printed text material, this acknowledgement should appear on the inside back page or cover.

50 - Provider/Supplier Communications – Provider/Supplier Education and Training

(Rev. 1, 10-01-03)

B2-5107, A2-2965

Sections [1816\(a\)](#) and [1842\(a\)\(3\)](#) of the Social Security Act (the Act) require that contractors serve as a channel of communication for information to and from providers/suppliers. The fundamental goal of the CMS' Provider/Supplier Communications (PCOM) program (formerly Provider Education and Training, PET) is to give those who provide service to beneficiaries the information they need to understand the Medicare program so that, in the end, they manage Medicare related matters appropriately and bill correctly.

PCOM uses mass media, such as print, Internet, satellite networks, and other technologies, face-to-face instruction, and presentations in classrooms and other settings, to meet the needs of Medicare providers/suppliers for timely, accurate, and understandable Medicare information.

PCOM is directed at educating provider/supplier and their staffs about fundamental Medicare programs and policies, new Medicare initiatives, and significant changes to the Medicare program. These efforts are aimed at reducing the number of provider/supplier inquiries and claim submission errors. Unlike Local Provider Education and Training (LPET), PCOM, for the most part, is not targeted to individual providers/suppliers or limited and confined problems or errors. PCOM is instead designed to be broader in nature so as to meet the basic informational needs of Medicare providers/suppliers, plus have a unique focus upon training and consulting for new Medicare providers/suppliers as well. The scope of PCOM is to identify and address issues that are of concern to the broad provider/supplier audience.

50.1 - Program Elements

(Rev. 1, 10-01-03)

Contractors are required to implement the basic requirements for PCOM stated herein. Contractors are also required to meet budget and performance requirements (BPRs) for this program issued each fiscal year that provide additional guidance on the program.

Contractors report the costs and workload data for the PCOM program according to the prescribed CAFM activity codes.

1. Provider/Supplier Service Plan (PSP)

Contractors are required to prepare and submit a PSP annually. The PSP must address contractor overall plans for implementing the provider/supplier communications program in the forthcoming fiscal year. The PSP outlines the strategies, projected activities, efforts, and approaches that will be used during the year to support provider/supplier communications. The PSP must address and support all the activities stated herein as well as all required activities stated in the yearly BPRs for this program.

The Plan must include how the following elements of the PCOM program, described hereafter, will be met, and note, when appropriate, how many events, occurrences or other happenings are planned or anticipated for these elements (e.g., the number of workshops, seminars, speeches, frequency of bulletins, number distributed, number of partnerships with external entities, number of times listserv(s) used, etc.):

- Provider/Supplier Inquiry Analysis,
- Provider/Supplier Data Analysis,
- Seminars/Workshops/Educational Events,
- Provider/Supplier Communications Advisory Group,
- Bulletins/Newsletters,
- New Technologies/Electronic Media, and
- Promoting Beneficiary Use of Preventive Benefits Through Provider/Supplier Education Activities.

A draft or preliminary PSP should be sent at the time the annual Budget Request to the Regional Office (RO) PSP coordinator or contact for review is submitted. A final PSP

should be sent by October 31, to the RO PSP coordinator and to CMS central office (CO). Plans sent to CO should be addressed to:

Centers for Medicare & Medicaid Services
Center for Medicare Management
Division of Contractor Provider Communications
Mail stop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244

Provide the name, phone number, and mailing address of the PSP coordinator with the PSP.

2. Provider/Supplier Inquiry Analysis

Contractors must maintain a provider/supplier inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) and areas of concern/confusion for providers/suppliers. Use an organized, consistent, systematic and reproducible process to generate most frequently asked questions. Describe this process in the PSP. Outreach and educational efforts must be developed and implemented to address the needs of providers/suppliers as identified by this program.

3. Provider/Supplier Data Analysis

Contractors must maintain a provider/supplier data analysis program that will produce a monthly list of the most frequent, collective claims submission errors from all providers/suppliers. Claims submission errors result in rejected, denied, or incorrectly paid claims. Outreach and educational efforts must be developed and implemented to address the needs of providers/suppliers as identified by this program.

4. Provider/Supplier Communications Advisory Group

Contractors must support and maintain a PCOM Advisory Group (formerly referred to as the PET Advisory Group). This group should generally convene quarterly, but at a minimum, meet three times per year, and will provide advice and recommendations on provider/supplier communications matters.

a. Purpose of PCOM Advisory Groups

The primary function of the PCOM Advisory Group is to assist in the creation, implementation and review of contractor provider/supplier education strategies and efforts. The PCOM Advisory Group provides input and feedback on training topics, provider/supplier education materials, and dates and locations of provider/supplier education workshops and events. The group also identifies salient provider/supplier/education issues, and recommends effective means of information dissemination to all appropriate providers and suppliers and their staff. The PCOM Advisory Group should be used as a provider/supplier education consultant resource, and not as an approval or sanctioning authority.

While it remains allowable to use PCOM Advisory Groups to provide updates and facilitate discussion on current issues, the focus of the group meetings should remain centered on the development and implementation of effective provider/supplier communication materials and strategies.

b. Composition of PCOM Advisory Group

Contractors should strive to maintain professional and geographic diversity within the PCOM advisory groups. Contractors should attempt to include representatives of various provider/supplier specialties serviced including state and local trade and professional associations, practicing provider/supplier or staff members they deem appropriate, and representatives of billing organizations. Providers/suppliers from different geographic areas, as well as from urban and rural locales, should be represented in any PCOM Advisory Group. Consider inviting representatives of Quality Improvement Organizations (QIOs) from your area to participate in PCOM Advisory Group meetings.

Contractors should consider having more than one PCOM Advisory Group when the breadth of the geographic service area, or range of the providers/suppliers serviced by the contractor diminishes the practicality and effectiveness of having a single PCOM Advisory Group. For further guidance on this issue, contractors should contact the regional office PCOM or provider education and training (PET) Coordinator.

c. Contractor Role

The contractor should maintain the PCOM Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare contractors to allow outside organizations to operate the PCOM Advisory Group. After soliciting suggestions from the provider/supplier community, contractors should select the appropriate individuals and organizations to be included in the group. The main point of contact for all PCOM Advisory Group communication should be within the PCOM, PET or similar department. At a minimum, contractors are responsible for recruiting potential members, setting-up and arranging all meetings, handling meeting logistics, producing and distributing an agenda, completing and distributing minutes, and keeping adequate records of the advisory group's proceedings.

Medicare contractors having more than one kind of Medicare contract (e.g., intermediary, Part B carrier, DMERC, rural home health intermediary, etc.) are required to have separate PCOM advisory groups for each kind of Medicare contract. It is also impermissible for contractors having geographic proximity or overlap with one another to share a PCOM Advisory Group. Each contractor must have its own separate group. Contractors shall not reimburse or charge a fee to group members for membership or for costs associated with serving on a PCOM Advisory Group. Contractors are required to notify their CMS regional office PET or PCOM coordinator of the schedule and location of PCOM Advisory Group meetings.

Contractors are expected to consider the suggestions and recommendations of the PCOM Advisory Group, and implement or enact them if the contractor deems them reasonable, practicable and within the provider/supplier communications program requirements and budget constraints. After consideration, contractors must explain to the group the reasons for not implementing or adopting any group suggestions or recommendations.

d. Meeting Specifics

Contractors may hold PCOM Advisory Groups in-person or via teleconferencing. The CMS recommends holding at least one meeting per calendar year with group members in-person. Teleconferencing should be made available to Advisory Group members who cannot be present for any meeting. Contractors should also have a specific area on the contractor Web site that allows providers/suppliers to access information about the PCOM Advisory Group (minutes from meetings, list of organizations or entities comprising the PCOM Advisory Group, an e-mail address for a contact point and for further information on the PCOM Advisory Group, etc.). This area of the Web site should be operational by March 31, 2003. The contractor notifies the PCOM Advisory Group members that information about their participation on the Advisory Group may be on the Web site. The contractor consults with the CMS regional office PET or PCOM coordinator if a member has objections, and on ways to mitigate them.

Meeting agendas, which include discussion topics garnered from solicitation of group members, should be distributed to all members of the group and the CMS regional office PET or PCOM coordinator at least two business days prior to any meeting. After each meeting, minutes should be disseminated within seven business days to all group members and others who request them.

e. Relationship to Other Contractor Advisory Groups

PCOM advisory groups operate independently from other existing contractor advisory committees. While a PCOM Advisory Group may, at its discretion, share information with other advisory groups, the PCOM Advisory Group does not need the approval, authorization or input from any other entity for its advice, recommendations, or issuances. While an individual PCOM Advisory Group member can be a member of another contractor advisory committee, the majority of PCOM Advisory Group members should not be current members of any other contractor advisory group.

For more information or specific guidance on any of the above issues, contact the regional office PET or PCOM coordinator.

5. Bulletins/Newsletters

Print and distribute regular provider/supplier bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible and cost-effective, stop sending regular bulletins to providers/suppliers with no billing activity in the previous 12 months. Newly created bulletins/newsletters must be posted on the Web site. All printed bulletins/newsletters must have either a header or footer in boldface type within the first three pages that states the following: **"This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members of the Provider/Supplier Staff. Bulletins Are Available at No Cost from Our Web Site [Insert Contractor Web Site Address]."**

Encourage providers/suppliers to obtain electronic copies of bulletins/newsletters and other notices through the Web site. If providers/suppliers are interested in obtaining additional paper copies on a regular basis, contractors are permitted to charge a fee for

this. The subscription fee should be “fair and reasonable” and based on the cost of producing and mailing the publication. A charge may also be assessed to any provider/supplier who requests additional single paper copies.

6. Seminars/Workshops/Teleconferences

Hold seminars, workshops, classes, or other face-to-face meetings, to educate and train providers/suppliers about the Medicare program and billing issues. Whenever feasible, activities should be coordinated with other regional Medicare Contractors, including quality improvement organizations (QIOs), other carriers and intermediaries, State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks as well as interested groups, organizations, and CMS partners in the service area. Develop, and implement whenever practicable, effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments, pre- and post-testing at workshops and seminars, and other feedback mechanisms.

Whenever feasible, hold teleconferences to address and resolve inquiries from providers/suppliers as a method to reach a broad audience. If facilities permit, contractors should host Medicare Learning Network (MLN) satellite broadcasts for providers/suppliers in the service area.

7. New Technologies/Electronic Media

Contractors must use new technologies and electronic media as an efficient, timely and cost-effective means of disseminating Medicare provider/supplier information to the audiences they serve.

a. Provider/Supplier Education Web Site

Maintain a Web site that is dedicated to furnishing providers/suppliers with timely, accessible, and understandable Medicare program information. To reduce costs, Web sites should fit into existing infrastructure and use existing resource technologies whenever possible.

This Web site must comply with “Contractor Web Site Standards and Guidelines” posted at <http://www.cms.hhs.gov/about/web/> and must be compatible with multiple browsers. Periodically review the “Web site Standards and Guidelines” to determine continued compliance. During the first three months of each calendar year, send a signed and dated statement to the RO PCOM or PET Coordinator attesting to whether the contractor Web site continues to comply with these guidelines and whether it is compatible with multiple browsers. The person in the contractor organization who has authority over the Web site should sign the attestation statement.

The Provider/Supplier Outreach Web site must contain the following:

- All newly created provider/supplier bulletins/newsletters;
- A schedule of upcoming events (e.g., seminars, workshops, fairs);
- Ability to register for seminars and other events via the Web site;
- Search engine functionality;

- Features that permit providers/suppliers to download and save copies of bulletins, training materials, schedules of upcoming events, and other items;
- A “What’s New” or similarly titled section that contains newsworthy and important information that is of an immediate or time sensitive nature to Medicare providers/suppliers;
- E-mail based support/help/customer service;
- A listing of FAQs/areas of concern updated quarterly as evidenced through the inquiry analysis program; and
- Information for providers/suppliers on how to submit claims electronically.

The Provider/Supplier Outreach Web site must link to:

- The Medicare program Web site at: <http://cms.hhs.gov>;
- The MLN at: <http://cms.hhs.gov/medlearn>;
- The site for downloading CMS publications at <http://cms.hhs.gov/publications/>;
- The site for downloading CMS manuals and transmittals at <http://cms.hhs.gov/manuals/transmittals/>; and
- Other CMS Medicare contractors, partners, QIOs, and other sites that may be useful to providers/suppliers.

Directed Web Site/Bulletin Article

Contractors often receive instructions from CMS to print a provider/supplier education article or other information in their provider/supplier bulletin or newsletter and also place it on their Web site. Unless specifically directed otherwise, locate the article or information from CMS on the “What’s New” or similarly titled section of the provider/supplier education Web site. Unless specifically directed otherwise, the article or information should be put on the contractor Web site as soon as possible after receipt, and should remain on the Web site for two months, or until the bulletin or newsletter in which it is appearing is put on the Web site, whichever is later.

Use of Current Procedural Terminology

Web sites must adhere to requirements stated in [PM AB-01-182](#) and its successors regarding the use of current procedural terminology (CPT) codes and descriptions. During the first three months of each calendar year, determine whether the contractor Web site complies with requirements stated in PM AB-01-182. A signed and dated attestation statement should be sent to the RO PCOM or PET Coordinator. The person in the contractor organization who has authority over the Web site should sign the attestation statement.

b. Electronic Mailing List/Listserv

Maintain at least one electronic mailing list, or listserv, to notify registrants via e-mail of important, time-sensitive Medicare program information, upcoming provider/supplier communications events, and other announcements necessitating immediate attention. At a minimum, use electronic mailing lists to notify registrants

of the availability of bulletins/newsletters or other important information on the Web site. Providers/suppliers should be able to join electronic mailing lists via the provider/supplier education Web site. Subscribers to the electronic mailing lists should also be able to initiate de-listing themselves via the Web site. Post notices on the contractor Web sites and in bulletins/newsletters that encourage subscription to the electronic mailing lists. Electronic mailing lists should be capable of accommodating all providers/suppliers. It is recommended electronic mailing list(s) be constructed for only one-way communication, i.e., from the contractor to subscribers. Contractors are encouraged to offer multiple electronic mailing lists to accommodate the various providers/suppliers served.

Contractors are required to protect your electronic mailing list(s) addresses from unauthorized access or inappropriate usage. The electronic mailing lists, or any portions or information contained therein, should not be shared, sold or in any way transferred to any other organization or entity. In special or unique circumstances where such a transference or sharing of listserv information to another organization or entity is deemed to be in the best interests of CMS or the Medicare program, contractors must first obtain express written permission of the CMS regional office PCOM or PSP Coordinator.

Maintain records of electronic mailing list usage. These records should include when electronic mailing list(s) were used, text of the messages sent, the number of subscribers transmitted to per usage, and the author of the message. Records should be kept for one year from the date of usage.

8. Training of Providers/Supplier in Electronic Claims Submission

Conduct training for provider/supplier staff in electronic claims submission. This may include, but is not limited to, activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare Electronic Data Interchange (EDI) transactions; use of new or updated Medicare software released during the year; and use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: There are multiple sources of provider/supplier training requirements associated with EDI functions. The PCOM function covers providers/suppliers in group settings rather than contact with individuals. PCOM covers newsletters, classes or outreach to groups of providers/suppliers and their staff on Medicare coverage, billing and benefits of EDI. PCOM does not include instruction related to connectivity for individual providers/suppliers or the resolution of connectivity problems.

9. Provider/Supplier Education and Beneficiary Use of Preventive Benefits

Through provider/supplier education activities, contractors must promote beneficiary use of preventive benefits as specified in the Balanced Budget Act of 1997, the Balanced Budget and Reconciliation Act of 1999, and the Benefits Improvement and Protection Act of 2000. These benefits include screening mammography and screening for colorectal, cervical, and prostate cancer.

10. Provider/Supplier Education and Home Health Benefit

Where appropriate and feasible, incorporate information in the provider/supplier communications activities that delineates the physician's role in the creation, certification and re-certification of the plan of care for home health, and the beneficiary need for partial hospitalization.

11. Internal Development of Provider/Supplier Issues

Hold periodic meetings with staff in appropriate areas of the contractor organization (including personnel responsible for medical review, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers/suppliers to these other areas in the contractor organization are communicated and shared with provider/supplier education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.

12. Training of Provider/Supplier Education Staff

Implement a developmental plan for training new provider/supplier education personnel, and periodically assessing the training needs of existing provider/supplier education staff. The plan, which must be written and available to the provider/supplier education staff, should include schedules, course or instruction vehicle descriptions, and satisfaction criteria. Training materials such as workbooks, manuals, and policy guidelines should always be readily available to the provider/supplier education staff.

50.2 - Program Administration

(Rev. 1, 10-01-03)

1. PSP Quarterly Activity Report

Contractors are required to develop and submit PSP Quarterly Activity Reports (QAR) that summarize and recount the provider/supplier education and training activities for the previous quarter year. Use the contractor annual PSP, the Budget and Performance Requirements, and the provider/supplier communications program requirements herein to help formulate the QAR.

Reports must be submitted 30 days after the end of every quarter in the fiscal year. The deadlines for submitting the quarterly reports are as follows:

First quarter – January 31

Second quarter – April 30

Third quarter – July 31

Fourth quarter – October 31

The contractor sends QAR reports, either in hardcopy or electronically, to the contractor RO PSP or PCOM coordinator, and to the CMS CO Provider Communications Regional Consortium staff under which the contractor falls. (The e-mail address of the CO Consortium Liaison can be obtained from the RO PSP coordinator.) The contractor requests an acknowledgement from the CMS recipient for any electronically submitted report. Hardcopy QAR reports sent to CO should be addressed to:

Centers for Medicare & Medicaid Services
Center for Medicare Management
Division of Contractor Provider Communications
Mailstop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Provide the name, phone number, and mailing address of the PSP coordinator for the contractor organization on your QAR reports.

a. Format and Content of QAR

Report on the provider/supplier communications activities using the following headings:

7. Inquiry and data analysis
8. PCOM advisory group/participation in recommended educational activities/forums
9. Bulletins/newsletters
10. Seminars/workshops/teleconferences
11. New technologies/electronic media
12. Internal staff development/plan to strengthen the quality of written communication
7. Home health benefit
8. Other activities

Contractors use the following in formatting QAR reports:

Cover Page

The cover page should contain the following information:

- Contractor Name/Type
- Contractor Number
- Reporting period (1st, 2nd, 3rd, or 4th quarter)
- PSP Coordinators' Name/Phone Number/E-mail address
- Date Submitted
- Geographic Service Area (State)/Regional Office Affiliation

Provider/Supplier Communication Activities 1 - 8

Activity 1: Inquiry and Data Analysis

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings

- Top Ten Inquiries and Claim Submission Errors (table heading)
- I (Inquiry)/CSE (Claim Submission Error)
- Provider Specialty (**optional field**)
- Number received
- Action/Resolution

Example

TOP TEN INQUIRIES AND CLAIMS SUBMISSION ERRORS (CSE)

TOP Ten Inquiries and CSE's	I/ CSE	Provider Specialty	Number Received	Action taken/Resolution (if applicable)

Instructions for Completing Each Field:

1. Top Ten Inquiries and Claim Submission Errors

List the top 10 provider/supplier inquiries or frequently asked questions and the top 10 claim submission errors. This should include the top ten inquiries, and the top 10 ten claim submission errors, for a total of twenty entries in this column.

2. Inquiry/Claim Submission Errors

Identify the entry as either an inquiry (I), or a claim submission error (CSE).

3. Provider Specialty

List the provider specialty, if known. This is an optional field.

4. Number of inquiries or claim submission errors

Record number of inquiries or claim submission errors received during the reporting period.

5. Action taken /Resolution

Indicate the provider/supplier communications or other action taken, or soon to be taken. Indicate any resolution to the issue, if applicable.

Activity 2: Provider/Supplier Communications Advisory Group/Participation in Recommended Educational Activities/Forums

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- PCOM Advisory Group/Related Activities (table heading)
- Activity
- Frequency
- Date
- Attachments
- Comments

Example

PCOM ADVISORY GROUP/RELATED ACTIVITIES

Activity	Frequency	Date	Attachments (Yes/No)	Comments

Instructions for Completing Each Field:

1. Identification of Activity

Indicate the type of activity including those that resulted from recommendations of the advisory group (i.e., PCOM Advisory Group, Workshop, Seminar, Speech, other)

2. Frequency

Frequency means how often the event was held, (e.g., continuously, weekly, monthly, quarterly, annually).

3. Date

Indicate the specific date on which the activity occurred.

4. Attachments (Yes or No)

Indicate whether or not the attachment(s) (i.e., agenda, membership listing, minutes, action items, etc.) associated with the event/meeting, are included in the report.

5. Comments

List any appropriate comments related to a subcategory.

Activity 3: Issue Regular Bulletins/Newsletters

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- Bulletins/Newsletters (table heading)
- Date Mailed
- Number of Hard Copies Mailed
- Major Topics Covered

Example

BULLETINS/NEWSLETTERS

Bulletin/ Newsletter	Date Mailed	Number of Hard Copies Mailed	Major Topics Covered

Instructions For Completing Each Field:

5. Bulletin/Newsletter

Give the name of the bulletin/newsletter

6. Date Mailed

Give the date the newsletter/bulletin was mailed.

7. Number of Hard Copies Mailed

Indicate the number of paper copies mailed.

8. Major Topic Areas Covered

List 3-4 major topic areas covered.

Activity 4: Seminars/Workshops/Teleconferences

Specific Format Requirement:

Word Document or Spreadsheet

Spreadsheet Headings:

- Seminars/Workshops/Teleconferences (table heading)
- Date
- Location
- Event Type
- Topic
- Target Audience
- Number of Participants
- Materials Distributed

Example:

SEMINARS/WORKSHOPS/TELECONFERENCES

Date	Location	Event Type	Topic	Target Audience	Number of Participants	Materials Distributed

Instructions For Completing Each Field:

8. Date

Indicate the date of the activity.

9. Location

Indicate the location of the activity.

10. Event Type

Indicate the type of event based on the codes below:

S=Seminar

C=Convention (or annual meeting)

W=Workshop

P=Presentation

E=Educational Forum

O=Other

11. Topic

Indicate the topic(s) of the training.

12. Target Audience

Indicate the audience(s) based on the codes below:

P=Physician

PB=Other Part B provider

H=Hospital

A=Ancillary

PA=Other Part A provider

D=DME

S=Supplier

PR=General provider

PM=Practice/Office Manager and staff

BM=Billing Manager and staff

O=Other

13. Number of Participants

Indicate the number of participants in the event.

14. Materials Distributed

Indicate the material(s) distributed (i.e., Fact Sheet, Manual, video, CD-ROM, etc.).

Activity 5: New Technologies/Electronic Media

Internet Web site

Indicate fully: Provider/Supplier Web site Address: _____

Specific Format Requirement:

Word document and two Tables/Narrative

Example 1

TABLE 5A– WEB SITE BASIC REQUIREMENTS

CRITERIA	YES	NO
Web site		
Newly created bulletins/newsletters		
Schedule of upcoming events		
Automated registration		
Area designated for Medicare Learning Network		

CRITERIA	YES	NO
Quarterly listing of Frequently Asked Questions		
Search engine functionality		
E-mail based support		
CPT Code information		
Ability to link to other sites		
Information for providers/suppliers for electronic claims submission		

Instructions for Completing Each Field:

1. Yes

Check “Yes” if the criterion has been met.

2. No

Check “No” if the criterion has not been met.

Example 2

TABLE 5B - ELECTRONIC MEDIA USAGE

COMPONENT		
Bulletin/Newsletter	Date Bltn./Nwsltr. Posted to Web	
<i>Issue number/identification</i>		

CMS Furnished Article/Information	Date Artcl./Info. Posted to Web	
Article Title/Description of Information		
List-serv (Electronic Mailing List) Usage	Date Used	Subject
<i>List-serv name/description</i>		

Table Components:

Electronic Media Usage (table heading)

Bulletin/Newsletter

Date Bltn./Nwsltr. Posted to Web

CMS Furnished Article/Information

Date Artcl./Info. Posted to Web

List-serv (Electronic Mailing List) Usage

Date Used

Subject

Instructions for Completing Each Field:

1. Bulletin/Newsletter

Identify the issue (edition month, season or number) of the bulletin or newsletter.

2. Date Bltn./Nwsltr. Posted to Web

Indicate the date the bulletin/newsletter was first posted and available on the Web site

3. CMS Furnished Article/Information

Identify specific CMS furnished provider targeted article or information for posting to the contractor Web site

4. Date Artcl./Info. Posted to Web

Indicate the date the CMS furnished article or information was posted on the contractor Web site

5. List-serv (Electronic Mailing List) Usage

Identify the name or designation of the listserv(s) (electronic mailing lists)

6. Date Used

Indicate the date(s) listserv(s) was/were used

7. Subject

Identify the subject(s) of each listserv transmission

Activity 6: Internal Development of Provider/Supplier Issues

Specific Format Requirement:

Word Document or Spreadsheet/Narrative

Example

INTERNAL DEVELOPMENT of PROVIDER/SUPPLIER ISSUES

Internal Component	Frequency of Meetings	Date(s)	Comments
Medical Review			
Fraud			
Customer Service			
DME			
Reimbursement			
Provider Records/Enrollment			
Provider/Supplier Relations			
Communications			
Other			

Spreadsheet Headings

- Internal Development of Provider/Supplier Issues (table heading)
- Internal Component

- Frequency of Meetings
- Date(s)
- Comments

Instructions for Completing Each Field:

1. Frequency of Meetings

Indicate the frequency with which provider/supplier education staff meet with each of the individual areas to learn of issues or questions communicated by providers/suppliers. Use NA (not applicable) if the organizational component is not appropriate to the contractor organization.

2. Date(s)

Indicate the date of the meeting(s).

3. Comments

Indicate the provider/supplier issues discussed or other information contractors feel is relevant.

Activity 7: Home Health Benefit

Specific Format Requirement:

Narrative

Instructions:

Provide a summary of any provider/supplier educational activities and efforts in this area.

Activity 8: Other Activities

Specific Format Requirement:

Narrative

Instructions:

Use this section to discuss any additional highlights for the quarter. Feel free to mention any areas of significance not previously noted. This should also include the following:

1. Any noteworthy activities, efforts, enhancements or changes to the provider/supplier education program including the provider Web site that should be brought to CMS' attention;
2. Any activities or issues contractors have coordinated with the DMERC during the quarter;
3. Mechanisms used to actively solicit feedback related to the Medicare program;
4. Provider/supplier education activities or efforts used to promote utilization of preventive benefits; and

5. Mechanisms developed and/or implemented to measure the effectiveness of educational and training activities. This may include customer satisfaction survey instruments, findings from administering these surveys, and results from pre and post-testing at workshops and seminars.

50.3 - Charging Fees to Providers/suppliers for Medicare Education and Training Activities

(Rev. 1, 10-01-03)

Contractors may assess fees or charges for provider/supplier education activities in accordance with the guidelines stated herein. Provider/supplier education and training activities are separated into two cost categories: **(1) no charge** and **(2) fair and reasonable cost**. The cost of conducting these activities, or any fees assessed, must conform to the requirements provided below. These cost categorizations distinguish provider/supplier education efforts considered to be statutorily mandated (provided at no-charge to providers and suppliers), and those considered to be enhanced or supplemental.

A - No Charge -- Statutorily Required Training

- Activities and training materials designed to educate providers and suppliers in Medicare enrollment, coverage, reimbursement and billing requirements. The number of sessions and the scope of this training should be based on recommendations from business partners including, but not limited to, the Provider/Supplier Communications (PCOM) Advisory Committee, and fit within program management resources.
- Training and materials on statutorily mandated or significant Medicare program changes, (e.g., hospital outpatient prospective payment system, home health, inpatient rehabilitation, SNF PPS and consolidated billing, and ambulance). CMS will give advance notice on this training (including any needed follow-up training) and the availability of additional funding.
- Participation in conferences sponsored by other Medicare contractors and government agencies that are based upon recommendations from the PET Advisory Committee.

B - Fair and Reasonable Cost--Discretionary Activities

- Individualized training requested by a provider/supplier. This may include the cost of travel, materials, accommodations, staff preparation, follow-up activities, and a fee for expenses to attend the event and make the presentation.
- Training videos, audiotapes, specialized brochures, pamphlets, and manuals developed by contractors (except for materials included in no-charge-statutorily required training).
- Presentations and training at non-Medicare contractor sponsored conferences, trade shows, conventions, annual meetings, etc. If contractors receive a request from a group such as a national, regional or state association or medical industry body to make a presentation at an event, contractors can charge the association or group a fee for travel expenses to attend the event. This fee may include the cost

for materials, meeting rooms (if contractors are required to incur that cost), accommodations, travel, staff preparation, handouts, follow up activities, and other incidentals. The travel fee must be fair and reasonable, and based on the cost contractors incurred for providing the service or activity. Contractors must confer with the regional office PCOM or PET coordinator about the costs associated with providing the training to ensure that the costs are reasonable.

NOTE: Contractors may accept nominal speakers fees, or recognition gifts such as pens engraved with the host logo, coffee mugs, plaques, flowers, etc. However, they are not permitted to accept and use substantive gifts or donations associated with participation in education and training activities absent specific authority.

Reference manuals, guides, workbooks, and other resource materials developed by the contractor designed to supplement or provide easy reference to formal Medicare provider/supplier manuals and instructions.

Revenues collected from these discretionary activities must be used only to cover the cost of these activities and may not be used to supplement other Medicare contractor activities.

C - Facilities, Food, and Beverages and Provider/Supplier Communications

Holding provider/supplier education and training events for both statutorily required and discretionary activities at alternate locations (other than at the contractor's own offices or buildings) may often reduce provider/supplier time and travel costs associated with attending these events. When such an opportunity exists, contractors may recover the costs incurred for meeting rooms, auditoriums and other facilities and equipment through a fee to participants. This fee or charge should be fair and reasonable and within the means of likely participants.

It is also recognized that many contractual agreements with hotels or other meeting site locations stipulate that food and beverages be purchased as a condition of furnishing a meeting or training room. In addition, light refreshments and food may be desirable to facilitate the training and/or for the convenience of the trainees or participants. If light refreshments and food are provided, a fee that covers this cost and is charged to participants must be fair and reasonable, and based on the costs incurred. Providing food and beverages that exceed these guidelines are prohibited.

Keep records per event of the costs incurred and all fees charged to, and collected from, registrants. The total of fees or charges for any event should not exceed by more than 10 per cent the actual costs incurred for the event. If it does, contractors should refund the entire excess amount collected to all the registrants who paid a fee for that event. For example, charge participants a \$50 registration fee for an event that cost the contractor \$10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and contractors collect \$12,500. Since the amount collected exceeded more than 10 per cent of the costs (\$1,000), the entire excess amount collected (\$2,500) is disbursed back to all paying registrants.

1 - Refunds/Credits

In order to secure sites contractors may need for future provider/supplier training events and may have to make commitments under which they will incur contractual expenses for training accommodations and services. Full or partial refunds/credits to providers/suppliers who register for an event, and cancel before the event, or do not attend the event, should be made within the context of these contractual arrangements. If training is scheduled and the event is canceled, a full refund must be made to registrants. If there are questions concerning the implementation of this policy in a given case, contact the RO PCOM coordinator.

2 - Bulletins/Newsletters

Unless otherwise established, contractors must furnish free of charge one paper copy of the regular bulletin/newsletter which contains program and billing information to providers/suppliers. If providers/suppliers are interested in obtaining additional paper copies on a regular basis, contractors are permitted to charge a fee for this. The fee for this subscription should be “fair and reasonable” and based on the cost of producing and mailing the publication. A separate charge may also be assessed to any provider/supplier who periodically requests additional single paper copies.

3 - Mixed Training Events

In situations where provider/supplier education and training activities involve both statutorily required training and discretionary training, the contractor must allocate the proportional costs between the activities. That is, the proportional share of the cost of a function allocated to statutorily required training is equal to the percentage of time related to this training. For example, if it costs \$1,000 to arrange and conduct a mixed training session, with 25 percent of the session related to statutorily required training, then the proportional cost allocation for the training would be $.25 \times \$1,000 = \250 for statutorily required training and $.75 \times \$1,000 = \750 for discretionary training activities.

4 - Recording of Training Events

Entities not employed by CMS, or under contractual arrangement are not permitted to videotape or otherwise record training events for profit-making purposes.

D - Provide/Supplier Information and Education Materials and Resource Directory

Dating of Materials

Provider/supplier education and training materials produced (pamphlets, brochures, work books, reference manuals, CDs, etc.) must bear the month and year they were produced or re-issued.

Provider/Supplier Information and Education Materials Resource Directory

The Provider/Supplier Information and Education Resource Directory is comprised of provider and supplier education materials developed by Medicare contractors. The materials, which include brochures, manuals, work and reference books, fact sheets, videos, audio tapes, CDs, etc., are used to convey Medicare program, policy and billing information to professional health care providers/suppliers and others associated with the health services about industry. The purpose of the Directory is to

facilitate the sharing of provider/supplier information and education tools among Medicare contractors, and would, therefore, help reduce the cost of development of these materials.

Unless previously submitted, send one copy of any provider/supplier information and education material of note that have been developed or used within the last two years to the address below. This material should be suitable to be used or copied in whole or in part by other Medicare contractors.

NOTE: All materials developed by Medicare contractors using CMS funding as the principal source for its development are considered the property of CMS, and must be made available to CMS upon request.

Submit materials that address subjects primarily on a national, rather than a regional or local basis. Do not send materials containing information predominately tailored to local or regional audiences that have little national application such as unique letters, event notices, or complete provider/supplier bulletins or newsletters.

Individual bulletin or newsletter articles focusing on subjects of nationwide interest can be sent. Include the name, address, telephone number, and e-mail address of a contact person for each piece.

These materials are sent to:

Centers for Medicare & Medicaid Services
Division of Provider Information Planning and Development,
Mailstop C4-11-27
Attn: Resource Directory
7500 Security Boulevard
Baltimore, MD 21244-1850

The contractor sends one copy of all appropriate provider/supplier education and information materials (excluding bulletins/newsletters) developed in the future, to the address above. Also, the contractor sends any significantly revised or updated versions of material previously submitted.

If contractors reproduce or use material, in whole or in part, originally developed by another Medicare contractor, that contractor should be acknowledged either within the material, or on its cover, case or container. In the case of printed text material, this acknowledgement should appear on the inside back page or cover.